


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jun 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094730 (5)

1. Corporation Name  
DELMA, INC.



Principal Place of Business 565 VISTA Isle DR #2018 SUNRISE 33325		Mailing Address 8611 NW 27TH PLACE SUNRISE FL 33322-2308 565 VISTA Isle DR #2018 SUNRISE 33325	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 565 VISTA Isle DR	26 565 VISTA Isle DR	65-0654715	07/01/1996
22 Suite, Apt. #, etc. 2018	27 Suite, Apt. #, etc. #2018	5. Certificate of Status Desired	Applied For Not Applicable
23 City & State SUNRISE	28 City & State SUNRISE	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24 Zip 33325	25 Country USA	29 Zip 33325	30 Country USA

9. Name and Address of Current Registered Agent LEON, ENRIQUE 155 SO. MIAMI AVENUE PH. 1 MIAMI FL 33130		10. Name and Address of New Registered Agent	
		81 Name	DR ANGEL RAMIREZ
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	5803 NW 198 TERR.
		84 City	MIAMI
		85 Zip Code	33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  ANGELO RAMIREZ 04-29-97  
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P&O President-Secretary	1.1 TITLE	Vice President
NAME	DE DELGADO, EGLEE M	1.2 NAME	FREDDY DELGADO
STREET ADDRESS	C/O 8611 NW 27TH PLACE	1.3 STREET ADDRESS	565 VISTA Isle DR
CITY-ST-ZIP	SUNRISE FL 33322	1.4 CITY-ST-ZIP	#2018 SUNRISE FL 33325
TITLE	Vice-Pres- FREDDY DELGADO	2.1 TITLE	
NAME	565 VISTA Isle DR	2.2 NAME	
STREET ADDRESS	#2018 SUNRISE FL 33325	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE 

CR2E034 (9/96)