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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000979 (0)

DELLART, INC

Principal Place of Business

15476 N.W. 77 COURT #407 MIAMI FL 33016 Mailing Address

15476 N.W. 77 COURT #407 MIAMI FL 33016-5823

FILED Mar 03 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1996
	ace of Business	2a. Mailing Address		4 SEI Number
21 1450	S. Bayshore Dr.	26	· · · · · · · · · · · · · · · · · · ·	65-064000 Not Applied For
Suite, Apt	#, etc. ?) 4/	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required \$8.75 Additiona
City & State 23 MIA		Cily & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 33 /	131 Country 25 U.S.A	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No
=71	9. Name and Address of Current		1001	10. Name and Address of New Registered Agent
COF	RDERO, ANA D		81 1	lame
	1 PONDE DE LEON BLVD. #810		82 5	freet Address (P.O. Box Number is Not Acceptable)
	RAL GABLES FL 33134		62	oreet Address (P.O. Box Number is Not Acceptable)
•			63	
			B4 (FL 85 Zip Code
office or r	to the provisions of sections 607,0002 registered agent, or both, in the State in familiar with, and accept the obligation to the state of the section cannot be selected agents.	of Florida Such change was thons of, Section 607.0505, Fl	authorized by th orida Statutes	amed corporation submits this statement for the purpose of changing its registe e corporation's board of directors. I hereby accept the appointment as registers ignature required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE		☐ DELETE	1.1 TITLE	☐ Change ☑ Add
NAME			1.2 NAME	CARLOS HEALDE
NAME STREET ACIDRESS				CARLOS UGALDE 14505 BAYSHORE DR #1214
			1.2 NAME	CARLOS UGALDE 1450 5 BAYSHORE DR #1214 MIAMI, FL 33131
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4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information endicated 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

AND JULE CARLOS UGALDE - P
SIGNATURE AND I YELFOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

 $\sqrt{\frac{26}{97}} \frac{305 \cdot 37}{308}$

Daytime Phone #