


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90138 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000000979					
1. Corporation Name DELLART, INC					
Principal Place of Business 1450 BRICKEL BAY DR 1214 MIAMI FL 33131 US			Mailing Address 15476 N.W. 77 COURT #407 MIAMI FL 33016		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/04/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0640008	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		7. Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent CORDERO, ANA D 2801 PONDE DE LEON BLVD. #810 CORAL GABLES FL 33134			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9485 SUNSET DRIVE 83 84 City MIAMI FL 85 Zip Code 33173		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE	Change Addition	
NAME	UGALDE, CARLOS		1.2 NAME		
STREET ADDRESS	1450 BRICKEL BAY DR #1214		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2.1 TITLE	Change Addition	
NAME	UGALDE ROMAN, CARLOS		2.2 NAME		
STREET ADDRESS	15476 NW 77 CT #407		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	S	DELETE	3.1 TITLE	Change Addition	
NAME	UGALDE ROMAN, CARMEN RITA		3.2 NAME		
STREET ADDRESS	15476 NW 77 CT #407		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	T	DELETE	4.1 TITLE	Change Addition	
NAME	UGALDE, CARMEN RITA		4.2 NAME		
STREET ADDRESS	1450 BRICKEL BAY DR #1214		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS UGALDE

3/11/99

Date

305-379-5978

Daytime Phone #

CR2E034 (11/98)