

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

FILED
Apr 29 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 # P96000028954
1. Corporation Name

DELMA INTERNATIONAL CORPORATION

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 900 WEST AVE.

Suite, Apt. #, etc.

22 APT. # 635

City & State

23 MIAMI BEACH, FL

Zip

24 33139

Country

25 USA

2a. Mailing Address

26 900 WEST AVE.

Suite, Apt. #, etc.

27 APT. # 635

City & State

28 MIAMI BEACH, FL

Zip

29 33139

Country

30 USA

3. Date Incorporated or Qualified
4/3/96

3a. Date of Last Report
N/A

4. FEI Number
65-0656154

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GABRIELA IGLESIA
900 WEST AVE. APT. 635

MIAMI BEACH, FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
900 WEST AVE. APT. 635

83

84 MIAMI BEACH, FL

FL

85 Zip Code
33139

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

Typed or printed name of registered agent, and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1 IGLESIA, GABRIELA ☐ DELETE

TITLE
NAME
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CITY, ST, ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
900 WEST AVE. # 635
MIAMI BEACH, FL 33139

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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71 TITLE ☐ Change ☐ Addition
72 NAME
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81 TITLE ☐ Change ☐ Addition
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91 TITLE ☐ Change ☐ Addition
92 NAME
93 STREET ADDRESS
94 CITY - ST - ZIP

01 TITLE ☐ Change ☐ Addition
02 NAME
03 STREET ADDRESS
04 CITY - ST - ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 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:

Gabriela Iglesias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

4/16/97
Date

(305) 534-8042
Daytime Phone

CR2E034 (9/96)