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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600029635 (

FILED Apr 04 1997 8:00am Secretary of State

DOLPHI		Mailing Address  841 EAST 17 STRE	•						
						3. Date Incorporated or Qualified 04/04/1996	3a. Date of l	ast Re	port
2. Principal F	Place of Business	2a. Mailing Addre	ss			4. FEI Number		App	lied For
21		26		···,,,		65-0727611			Applicable
Suite Apt.	. # €IC.	Suite, Apt. #, (	etc.			5. Certificate of Status Desired		.75 Ac	dditional uired
City & Sta	do	City & State				6. Election Campaign Financing		5.00 h	<u>`</u>
23		26				Trust Fund Contribution		dded to	
Ζφ	Country	Zφ	_	Country	,	8. This corporation has liability for		ider s.	199.032,
24	25	[29]	30	<u>)</u>			Yes No		
	9. Name and Address of Cu	rrent Registered Agent		B1	Name	10. Name and Address of New Ro	egistered Agent		
	PEZ, ORLANDO EAST 17 STREET			[8]		·			
	LEAH FL 33010			82	Street Add	iress (P.O. Box Number is Not Accepta	ble)		
t new	LLWII L GOOTO			83	<u> </u>				
				<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71		
				84	City		FL  85	Zip Co	00e
agent Ta	am familiar with, and accept the o					poration submits this statement for the ation's board of directors. I hereby acce	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI			
THILF	D ODE ANDO	[] DEL	ETE	1.1 TITLE	1		☐ Ch	ange	Addition
NAME	LOPEZ, ORLANDO 841 EAST 17 STREET			1.2 NAME	}				
STREET ADDRESS	HIALEAH FL 33010			1.3 STREET					
1.174 - S2 - 769	TIMECALLE 30010	☐ DEL	ETC	1.4 CITY-S 2.1 TITLE	ST - ZIP		Ch	12002	Addition
NAME		ال مدد	Z IL	2.1 HILE 2.2 NAME	1		_ U	ange	L_I rodilion
STREET ANDRESS				2.3 STREET	Annecco				
CHY - S1 - ZIP				2. 4 City-	- 1				
10ht		☐ DEI	EYE	3.1 TITLE			☐ CI	ange	Addition
NAMI				32 NAME					
STREET ADD/4655				3.3 STREET	ADDRESS				
Coty-St-7iP				3 4. CITY-	ST-ZIP				
THEF		☐ DEL	ETE	4.1 TITLE			☐ cr	ange	☐ Addition
NAMi				4. 2 NAME	}				
SEREET ADDRESS				4.3 STREET	ADDRESS				
C 11-51-7P		<del></del>		4.4 CITY-5	51-ZIP				1 1 1 1 2 2 2 2
Title f		☐ D£i	t i t	5.1 TITLE	1		L] Ch	ange	
NAME				5.2 NAME					
STREET ADDRESS				53STREET	ſ				
C-1Y - S1 - 24P		☐ DEL	ETE	5.4 CITY - S	SI-71P		C) Cr	32000	Addition
TIME			CIL	6.1 TITLE	1		F 01	ar/9c	F-1 Mudition
HAMI				6.2 NAME					

14. Ld. 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 to changed, or on an attachment with an address.

SIGNATURE:

SIGNAT