

4-38-97 B-58 18 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 30 1997 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE
Sandra B. Morand
Secretary of State
DIVISION OF CORPORATIONS



CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P96000035665 (4)

1. Corporation Name
DELCORE COMPUTER & TRADING INC.

Principal Place of Business
1720 NW 38TH AVE
LAUDERHILL FL 33313

Mailing Address
1720 NW 38TH AVE
LAUDERHILL FL 33311-4117



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1996		3a. Date of Last Report	
21	2834 NW 55 AVE	26	2834 NW 55 AVE	4. FEI Number 65-0679034		Applied For Not Applicable	
Suite, Apt. #, etc. 20		Suite, Apt. #, etc. 20		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State Lauderhill, FL		City & State Lauderhill, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	33313	25	Broward	29	33313	30	Broward
Zip		Country		Zip		Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MORRIS, REYNARD
2834 NW 55TH AVE APT 2D
LAUDERHILL FL 33313

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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: REYNARD MORRIS
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)
DATE: 2/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11	TITLE
NAME	SAWYERS, DERLENE	12	NAME
STREET ADDRESS	2834 NW 55TH AVE APT 2D	13	STREET ADDRESS
CITY-ST-ZIP	LAUDERHILL FL 33313	14	CITY-ST-ZIP
TITLE	DV	21	TITLE
NAME	MORRIS, REYNARD	22	NAME
STREET ADDRESS	2834 NW 55TH AVE APT 2D	23	STREET ADDRESS
CITY-ST-ZIP	LAUDERHILL FL 33313	24	CITY-ST-ZIP
TITLE		31	TITLE
NAME		32	NAME
STREET ADDRESS		33	STREET ADDRESS
CITY-ST-ZIP		34	CITY-ST-ZIP
TITLE		41	TITLE
NAME		42	NAME
STREET ADDRESS		43	STREET ADDRESS
CITY-ST-ZIP		44	CITY-ST-ZIP
TITLE		51	TITLE
NAME		52	NAME
STREET ADDRESS		53	STREET ADDRESS
CITY-ST-ZIP		54	CITY-ST-ZIP
TITLE		61	TITLE
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY-ST-ZIP		64	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 file 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: [Signature]
Signature and typed or printed name of signing officer or director
DATE: 2/10/97
Daytime Phone #

CR2E034 (9/96)