


FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT #
1. Corporation Name
P960000046414
DELCH, INC

Principal Place of Business
18041 BISCAYNE BLVD
APT 1802 TOWER 4 SOUTH
NORTH MIAMI BEACH FL 33160

Mailing Address

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
Country
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
Country
29

3. Date Incorporated or Qualified
5/31/96
3a. Date of Last Report

4. FEI Number
65-0678375
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 X No

9. Name and Address of Current Registered Agent
JOSEPH R. COLLETTI
3550 BISCAYNE BLVD #610
MIAMI FL 33137

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 of person or persons named as registered agent and fee, if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS
1111 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1122 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1133 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1144 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1155 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1166 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1177 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1188 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1199 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
1200 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1211 TITLE
1222 NAME
1233 STREET ADDRESS
1244 CITY-ST-ZIP
1255 TITLE
1266 NAME
1277 STREET ADDRESS
1288 CITY-ST-ZIP
1299 TITLE
1300 NAME
1311 STREET ADDRESS
1322 CITY-ST-ZIP
1333 TITLE
1344 NAME
1355 STREET ADDRESS
1366 CITY-ST-ZIP
1377 TITLE
1388 NAME
1399 STREET ADDRESS
1400 CITY-ST-ZIP
1411 TITLE
1422 NAME
1433 STREET ADDRESS
1444 CITY-ST-ZIP
1455 TITLE
1466 NAME
1477 STREET ADDRESS
1488 CITY-ST-ZIP
1499 TITLE
1500 NAME
1511 STREET ADDRESS
1522 CITY-ST-ZIP
1533 TITLE
1544 NAME
1555 STREET ADDRESS
1566 CITY-ST-ZIP
1577 TITLE
1588 NAME
1599 STREET ADDRESS
1600 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
Signature and typed or printed name of signing officer or director
Date
04/27/97 (305) 866-3144