

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90012 048 ***550.00

DOCUMENT # **P96000046414**

Corporation Name

DELCH, INC.



Principal Place of Business

**1200 NE MIAMI GARDENS DR
SUITE 815
MIAMI BEACH FL 33179**

Mailing Address

**1200 NE MIAMI GARDENS DR
SUITE 815
N MIAMI BEACH FL 33179
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1996

Principal Place of Business

2a. Mailing Address

17390 NE 19 AVE.

4. FEI Number

65-0678375

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

N.M.B. FLA.

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

25

Zip

Country

33162

30

SADC

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLETTI, JOSEPH R
3550 BISCAYNE BLVD.
SUITE 610
N MIAMI BEACH FL 33160**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST-ADDRESS	PD EDELSTEIN, JOSEPH R 18041 BISCAYNE BLVD. UNIT 1812 N MIAMI BEACH FL 33160	<input type="checkbox"/> DELETE
ST-ZIP		
ST-ADDRESS	VPD LAMARRE, DENIS 17390 NE 19 AVE N. MIAMI BEACH FL 33162	<input type="checkbox"/> DELETE
ST-ZIP		
ST-ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ST-ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ST-ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		
ST-ADDRESS		<input type="checkbox"/> DELETE
ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE

SIGNATURE REQUIRED

09/06/99

305-866-3144

CR2E034 (5/99)