

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90065 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # ~~P96000049834~~ ? I did not

1. Corporation Name
P96000049834
DEL REY IMMIGRATION SERVICES, INC

Principal Place of Business Mailing Address
OLD ADDRESS:
2692 SW. 87 Avenue #B114, MIAMI FL. 33165
NEW ADDRESS:
7235 SW. 24 Street #209, MIAMI FL. 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7235 SW 24 th ST. Suite, Apt. #, etc. 22 SUITE 209 City & State 23 MIAMI FL Zip 24 33155	2a. Mailing Address 26 7235 SW 24 th ST Suite, Apt. #, etc. 27 SUITE 209 City & State 28 MIAMI FL Zip 29 33155	3. Date Incorporated or Qualified 06-11-96	4. FEI Number 65-067-2153	Applied For Not Applicable
		5. Certificate of Status Desired X	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MICHAEL R. DEL REY
8230 SW. 47 Terrace
Miami, FL. 33155

10. Name and Address of New Registered Agent

81 Name ZAFAR AHMED
82 Street Address (P.O. Box Number is Not Acceptable) 14644 SW 110 TERR
83
84 City MIAMI
85 Zip Code FL 33186

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 ZAFAR N. AHMED

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

9/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	X DELETE	1.1 TITLE PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Michael Del Rey		1.2 NAME AHMED, RAZIA M	
STREET ADDRESS 8230 SW. 47 Terrace		1.3 STREET ADDRESS 14644 SOUTHWEST 110TH TERRACE	
CITY-ST-ZIP Miami, FL. 33155		1.4 CITY-ST-ZIP MIAMI FL 33186	
TITLE VP	X DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Barbara Del Rey		2.2 NAME AHMED, ZAFAR N	
STREET ADDRESS 10491 SW. 15 Lane #209,		2.3 STREET ADDRESS 14644 SOUTHWEST 110TH TERRACE	
CITY-ST-ZIP Miami, FL. 33176		2.4 CITY-ST-ZIP MIAMI FL 33186	
TITLE TS	X DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Katherine Brito		3.2 NAME MAHMOOD, DAWOOD	
STREET ADDRESS 8893 SW. 27 ST.		3.3 STREET ADDRESS 14644 SOUTHWEST 110TH TERRACE	
CITY-ST-ZIP Miami, FL. 33165		3.4 CITY-ST-ZIP MIAMI FL 33186	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/99

Date Phone #

CR2E034 (11/98)

0264355