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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074484

1. Corporation Name

DEL AMERICAN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1101 N. LAKE DESTINY DRIVE	1101 N. ŁAKE DESTINY DRIVE
SUITE 400	Suite 400
MIAMI FL 32751	Miami Fl 32751

FILED Apr 07, 1999 8:00 am Secretary of State

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								3. Date Incorporated	d or Qualifed				l
								09/09/1996					
2. Principal Pla	lace of Business		2a.	. Mailing Address				4. FEI Number			Ap	plied For	!
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24 3275	25	U.S.A	29	32151	30	U.S.	<i>A</i> •	Personal Propert			☐ Yes	1 No	
·	9. Name and	Address of Cu	rrent Regis	stered Agent				10. Name and Addr	ess of New Rec	jistered A	gent		1
						81 1	Name						
DELC	guidice, frei	9						(D.O. D. Mb)	- Al-4 A 4-b-l-				1
1101	NORTH LAKE	E DESTINY DRI	VE			82 5	Street Addi	iress (P.O. Box Number is	s Not Acceptable	е)			
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F		£4				63							
MAII	ILAND FL 327	3 1				84 (City				85 Zip	Code	1
							•			FL			
44 5	to the provisions	of Sections 607	0502 and 6	07.1508, Florida Sta	atutes, the	above-n	named corp	poration submits this state	ement for the pu	rpose of c	hanging its	registered	
i 11. Pursuanti	egistered agent	or both, in the St	ate of Florid	da. Such change wa	s authoriz	ed by the	e corporation	ion's board of directors. I	hereby accept t	he appoint	ment as re	gistered	
office or re	m tamiliar with a			. O N CO7 ČEDE	Elasida Ct								{
11. Pursuant i office or re agent, I ar		and accept the ob	oligations of	, Section 607.0505,	Florida St		_ A	C					
office or reagent. I ar	x Fr	ed LLL	Xu	w _		灰	ED lea	.60161CE		3.3	3149		
office or re agent. I ar SIGNATURE	x Fr	inted name of registers	agent and title	if applicable. (N	OTE: Register	red Agent si	ED lea	ed when reinstating)		DATE	31.49		(80
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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 an antachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

TRES NO. GUALCE

409-660-6069