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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000082959 (3)

## **DELPAR CORPORATION**

Principal Place of Business

Mailing Address

## FILED Apr 25 1997 8:00am Secretary of State



10065 N.W. 46 STREET. #101 MIAMI, FL 83178			10065 N.W. 46 STREET. #101 MIAMI FL 33178-2288								
							3. Date Incorporated or Qualified 10/01/1996	3a. D.	ate of Last F	Report	
2. Principal F	Place of Busin	ess	2a. Mailing Address			4. FEI Number	<u> </u>	XXA	pplied For		
11			26	26						lot Applicable	
Sulte, Apt.			Suite, Apt. #, etc.			Certificate of Status Desired     Sa.75 Additional Fee Required					
City & Star	ile		City & State			Election Campaign Financing     Trust Fund Contribution	ncing \$5.00 May Be Added to Fees				
Zip 4		Country 25	Zip <b>29</b>	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
		and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered	Agent		
	ochs, bea			•	B1	Name					
		STREET, #101		la la	82 Street Address (P.O. Box Number is Not Accept			le)			
MIAMI FL 33178											
				•	B3						
				1	B4	City		FL	85 Zip	Code	
11. Pursuant	to the provisi	ons of Sections 607.050	and 607.1508, Florida Statut	les, the ab	ove	named corpo	oration submits this statement for the p on's board of directors. I hereby accep		f changing i	its registered	
agent. i a	am tamıllar wil	n, and accept the obliga	of Florida. Such change was tions of Section 607.0505, FI	authorized orida Statu	by t iles.	he corporati	on's board of directors. I hereby accep	it the app	ointment as	registered	
SIGNATURE	BEATRI	Z ENOCHS	tout 8	mac'	٧.	PRE	SIDENT		04-18	-97	
	Signature, typed	or printed name of registered ages			Agent	signature require	ed when reinstalling)	DATE			
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NAME STREET ADDRESS CITY-ST-ZiP 14. I do herel informatic I sm an o	on in <b>d</b> icated o offic <b>er o</b> r direc	n this annual report or si tor of the corporation or	with this filing does not quali upplemental armual report is t	6.2 NAM 6.3 STRI 6.4 City fy for the e rue and ac vered to ex	EEL AC (-St-) xemi ccura	ZIP plion stated ate and that i	in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal as required by Chapter 607, Florida S	leffect as	r certify that	th	