

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P91000084278  
1. Corporation Name Delmas, Inc.

FILED  
97 MAY 23 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2318 N.E. 2nd Ave 2318 N.E. 2nd Ave  
Miami, FL 33137 Miami, FL 33137

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Oct 07, 1996			
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
		30		Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Flerzina Joseph  
2318 N.E. 2nd Ave. Apt #2  
Miami, FL 33137.

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	PO BOX 199037
83	05/03/97 0013 001
84 City	FL
85 Zip Code	33137

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 *Flerzina Joseph* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	President
NAME	Flerzina Joseph	1.2 NAME	Lesly Sean Marie
STREET ADDRESS	2318 N.E. 2nd Ave Apt #2	1.3 STREET ADDRESS	2318 N.E. 2nd Ave
CITY-ST-ZIP	Miami, FL 33137	1.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	Secretary/Treasurer	2.1 TITLE	Flerzina Joseph J/T
NAME	Lesly Jean Marie	2.2 NAME	2318 N.E. 2nd Ave Apt #2
STREET ADDRESS	2318 N.E. 2nd Ave Apt #2	2.3 STREET ADDRESS	Miami, FL 33137
CITY-ST-ZIP	Miami, FL 33137	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Flerzina Joseph* 04-29-97.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #