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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P96000084278 (6)

FILED May 20 1998 8:00am Secretary of State

DOCUMENT # DELMAS, INC. Principal Place of Business Mailing Address 2318 N.E. 2ND AVE. 2318 N.E. 2ND AVE. MIAMI FL 33137 MIAMI FI 33137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zib Country 8. This corporation owes or has paid the current year Intangible T Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JOSEPH, FLERZINA 2318 N.E. 2ND AVE., APT. #2 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 83 84 City Zip Code 85 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. Stonature, typed or punted name of rog stered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE MARIE, LESLY SEAN NAME 1,2 NAME 2318 N.E. 2ND AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP 1.4 City-St-ZiP DELETE Спапре Addition TITLE 2.1 TITLE Joseph, Flerzina NAME 2.2 NAME 2318 N.E. 2ND AVE., APT. #2 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33137** CITY - ST - ZIF 2. 4 CITY - ST-ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 000002532**7**00 -05/22/98--01013--030 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP ***150.00 Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5: 20 5.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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: Y VES 4 18-3 rd Jos 04-10-98