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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000031209

1. Corporation Name

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90010 048 \*\*\*150.00

| DELCA DISTRIBUTOR INC.   |   |  |  | 1   |                                |                      |  |          |
|--|---|--|--|---|--------------------------------|----------------------|--|----------|
| Principal Place of Business  | Mailing Address   |  |  |   | i (3811 4911) Polli Obili 4911 | RE SILES HISIO       |  |          |
| 3020 SW 79TH COURT   | 3020 SW 79TH COURT  |  |  |   |                                |                      |  |          |
| MIAM) FL 33155 MIAMI FL 33155  |   |  |  |   |                                |                      |  |          |
| ,  |   |  |  | DC  | NOT WRITE IN THE               | S SPACE              |  | ,        |
|  |   |  |  | 3. Date Incorporated                        | or Qualifed                    |                      |  |          |
|  |   |  |  | 04/07/1997                                  |                                |                      |  | ł        |
| 2. Principal Place of Business   | 2a. Mailing Address   |  |  | 4. FEI Number                               |                                |                      | Applied For  | Ì        |
|  | 26  |  |  | 65-0742947                                  |                                |                      | Not Applicable   | 4        |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |  |  | 5. Certifcate of Status                     | Desired 🗍                      | • -                  | 5 Additional<br>Required   |          |
| 22   | 27  |  |  |   | <del></del>                    |                      | <del></del>  | -        |
| City & State   | City & State  |  |  | 6. Election Campaign Trust Fund Contrib     |                                |                      | 00 May Be  | +        |
| Zip Country  | Zip   | Coun   | to   | 8. This corporation ov                      |                                | -                    | ed to 1 ccs  | 1        |
| <del>-</del>   | <del>                                     </del>  | 30   | iu y   | Personal Property                           |                                | Yes                  | □No  |          |
| 25<br>9. Name and Address of Current   | <del></del>   | 30 <sub> </sub>  |  | 10. Name and Addres                         |                                |                      |  | 1        |
| 5. Name and Address of Current   | registered Agent  |  | 81 Name  |   |                                |                      |  |          |
| DEL CASTILLO, ELADIO   |   | L  |  |   |                                |                      |  | -        |
| 3020 SW 79TH COURT   |   | l'   | 82 Street  | Address (P.O. Box Number is I               | Not Acceptable)                |                      |  |          |
| MIAMI FL 33155   |   | -  | 83   |   | ****                           |                      |  | 1        |
|  |   | L  |  |   |                                |                      |  | 1        |
|  |   | - 1  | 84 City  |   | FI                             | L  85   <sup>2</sup> | žip Code   |          |
| Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of   | and 607.1508. Florida Statute   | s, the ab  | ove-named  | corporation submits this staten             |                                | of changing          | its registered   | 4        |
| office or registered egent or both in the State of   | Florida Could about a course and  |  |  | contion's board of directors. I be          | ereby accept the app           | ointment a:          | s registered   |          |
| and the femiliar with and accept the obligation  | Florida, Such change was au   | thorized   | by the corp  | oration's board of directors. The           | cicos accopi ino app           | omanon a             | a rogiotoroa   |          |
| agent. I am familiar with, and accept the obligation   | ons of, Section 607.0505, Flori   | thorized<br>da Statu   | by the corp<br>tes.  | solation's board of directors. The          | creby absort the app           |                      | a 10g.0.0.0a   |          |
| agent. I am familiar with, and accept the obligation   | ons of, Section 607.0505, Fion  | da Statu   | les.   | required when reinstating)                  | DATE                           |                      |  | <u> </u> |
| agent. I am familiar with, and accept the obligation   | and title if applicable. (NOTE:   | da Statu   | les.   | required when reinstating)                  |                                | AND DIREC            | CTORS IN 12  | 100      |
| agent. I am familiar with, and accept the obligation  SIGNATURE  Signature, typed or printed name of registered agent.  12. OFFICERS AND  TITLE PST  | and title if applicable. (NOTE:   | Registered /   | les.<br>Agent signature  | required when reinstating)                  | DATE                           |                      | CTORS IN 12  | 144 (50) |
| agent. I am familiar with, and accept the obligation  SIGNATURE  Signature, typed or printed name of registered agent.  12. OFFICERS AND  TITLE PST  NAME DEL CASTILLO, ELADIO   | ons of, Section 607.0505, Fign<br>and title if applicable. (NOTE: I<br>DIRECTORS                        | Registered A   | es.<br>Agent signature   | required when reinstating)                  | DATE                           | AND DIREC            | CTORS IN 12  | 100,111  |
| agent. I am familiar with, and accept the obligation  SIGNATURE  Signature, typed or printed name of registered agent.  12. OFFICERS AND  TITLE PST  | ons of, Section 607.0505, Fign<br>and title if applicable. (NOTE: I<br>DIRECTORS                        | Registered A  13. 1.1 TITL 1.2 NAM   | es.<br>Agent signature   | required when reinstating)  ADDITIONS/CHANC | DATE                           | AND DIREC            | CTORS IN 12  |          |
| agent. I am familiar with, and accept the obligation  SIGNATURE  Signature, typed or printed name of registered agent.  12. OFFICERS AND  TITLE PST  NAME DEL CASTILLO, ELADIO   | ons of, Section 607.0505, Fign<br>and title if applicable. (NOTE: I<br>DIRECTORS                        | Registered A  13.  1.1 TITL  1.2 NAM  1.3 STR  | les.<br>Igent signature<br>E<br>ME   | required when reinstating)  ADDITIONS/CHANC | DATE                           | AND DIREC            | CTORS IN 12  ge Addition   |          |
| agent. I am familiar with, and accept the obligation  SIGNATURE  Signature, typed or printed name of registered agent.  12. OFFICERS AND  TITLE  PST  DEL CASTILLO, ELADIO  3020 SW 79TH COURT  MANUEL 22155   | ons of, Section 607.0505, Fign<br>and title if applicable. (NOTE: I<br>DIRECTORS                        | Registered A  13.  1.1 TITL  1.2 NAM  1.3 STR  | LES.  LESE ME  REET ADDRESS Y-ST-ZIP   | required when reinstating)  ADDITIONS/CHANC | DATE                           | AND DIREC            | CTORS IN 12  ge Addition   |          |
| agent. I am familiar with, and accept the obligation of the policy of th | and title if applicable. (NOTE: 1) DIRECTORS DELETE   | Registered A 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT  | Agent signature  E ME REET ADDRESS Y-ST-ZIP  | required when reinstating)  ADDITIONS/CHANC | DATE                           | AND DIREC            | CTORS IN 12  ge Addition   |          |
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| agent. I am familiar with, and accept the obligation  SIGNATURE  Signature, typed or printed name of registered agent.  12. OFFICERS AND  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33155  TITLE  NAME  NAME  | and title if applicable. (NOTE: 1) DIRECTORS DELETE   | Registered / 13. 1.1 TITL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF   | LES.  E ME REET ADDRESS Y-ST-ZIP E ME  | required when reinstating)  ADDITIONS/CHANO | DATE                           | Char                 | CTORS IN 12  Inge Addition  Inge Addition  |          |
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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:**