

H98000020001

APPROVED  
AND  
FILED

98 OCT 27 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000066040 1. Corporation Name Delfi Corporation	

Principal Place of Business	Mailing Address
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2. Principal Place of Business 21 3211 Ponce de Leon Boulevard Suite, Apt. #, etc. 22 Suite 202 City & State 23 Coral Gables FL Zip 24 33134	2a. Mailing Address 25 3211 Ponce de Leon Boulevard Suite, Apt. #, etc. 27 Suite 202 City & State 28 Coral Gables FL Zip 29 33134
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REINSTATEMENT 98

3. Date Incorporated or Qualified 7/23/97	3a. Date of Last Report
4. FEI Number 65-0770670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 J. Frost Walker, III 3211 Ponce de Leon Boulevard Suite 202 Miami, FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, on 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 607.0503, Florida Statutes.

SIGNATURE J. Frost Walker By L.A. Uriarte As Attorney-in-Fact 10/27/98  
Signature typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Alberto Lopez Segura 3211 Ponce de Leon Boulevard Suite 202 Coral Gables FL 33134 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T, VP Andres Magaldi 3211 Ponce de Leon Boulevard Suite 202 Coral Gables FL 33134 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 or on attachment with an address.

**Florida Department of State**

**Division of Corporations**

**Public Access System**

**Sandra B. Mortham, Secretary of State**

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**To:**

**Division of Corporations**

**Fax Number : (850)487-6015**

**From:**

**Account Name : CORPORATE CREATIONS INTERNATIONAL INC.**

**Account Number : 110432003053**

**Phone : (305)672-0686**

**Fax Number : (305)672-9110**

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**CORPORATION REINSTATEMENT**

**DELFI CORPORATION**

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