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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700093818

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

04-02-1999 90016 044 ***150.00

1. Corporation Name DELTAMAX, INC.							
Principal Place	of Rusiness	Mailing Address			 		
Principal Place of Business Mailing Address 120 E OAKLAND PARK BLVD #105 120 E OAKLAND PARK BLVD #10							
FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334							
:						DO NOT WRITE IN THIS SPACE	
•						3. Date Incorporated or Qualifed 11/03/1997	- }
2. Principal Place of Business 2a. Mailing Address			_			4. FEI Number Applied F	or
21 26					65-0791792 Not Applie	able	
Suite, Apt. #, etc.					عصد د	5. Certificate of Status Desired \$8.75 Addition	al
22 27						Fee Required	
City & State City & State						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
23	Country	28 Zip	Col	untry			
Zip			30	a, ita y		8. This corporation owes the current year Intangible Personal Property Tax.	
24	9. Name and Address of Curre	29 29 Agent	1001			10. Name and Address of New Registered Agent	
				81	Name		
PEREIRA, MILTON				82	Street Addre	dress (P.O. Box Number is Not Acceptable)	
7518 NW 1ST PLACE PLANTATION FL 33317				83			
,,,,,	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					85 Zip Code	
				84	City	FL T	
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	tes, the a authorize	above d by t	-named corpo the corporation	ration submits this statement for the purpose of changing its registers is board of directors. I hereby accept the appointment as registered	rea I
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Fl	orida Stat	tutes.		12/2/28	
SIGNATURE	MILLON PORO IRA Signature, typed or printed name of registers	nog			signature required	when reinstating) DATE	
12. 🔫	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
12. <	D	ND DIRECTORS		TILE			ddition
	D SPINA, CASSIO A	☐ DELETE	1.1 T				
TITLE	D SPINA, CASSIO A 120 E OAKLAND PARK BLVD	☐ DELETE	1.1 T 1.2 N	TILE NAME	ADDRESS		
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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: