FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9800009288

1. Corporation Name

DLT SHOPPING CENTER, INC.

Principal Place of Business

Mailing Address

1413 SUNSET HARBOUR DRIVE III MIAMI BEACH FL 33139

1413 SUNSET HARBOUR DRIVE III MIAMI BEACH FL 33139

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90055 046 ***150.00



THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	}	DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualifed	
·		01/29/1998	
2. Principal Place of Business 2a. Mailing Address	1	4. FEI Number	Applied For
21 1N13 20th St. 4/11 26 1413 20 t	L SL.	65-0815120	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State C City & State	سر	6. Election Campaign Financing	\$5.00 May Be
23 MiAmi BEACH 12 28 MIAMI B	SAKH. 12	Trust Fund Contribution	Added to Fees
Zip Zip Country Zip	Country	8. This corporation owes the current year Int	
24 35/39 25 /JSA 29 33/39 3		Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
DE LA TORDE CARLOS	81 Name	•	,
DE LA TORRE, CARLOS 1440 CUNICIT HARROUR DON'TE III		(P.O. Box Number is Not Acceptable)	
1413 SUNSET HARBOUR DRIVE III		20th Sh #/11	
MIAMI BEACH FL 33139	83		·
	84 City MIAN	ui BEARA Fr FL	85 Zin Code 39
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			
office or registered agent, or both, in the State of Florida. Such change was auti agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid	nonzeo by the corporation s	s board of directors. I nereby accept the appor	niment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature required wh	nen reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE D DELETE	1.1 TITLE		☐ Change
NAME DE LA TORRE, CARLOS	1.2 NAME	LA TORRE, KOSA	\mathcal{M} .
STREET ADDRESS 1413 SUNSET HARBOUR DRIVE III	1.3 STREET ADDRESS	13 20 th SL. # 1/L	
CITY-ST-ZIP MIAMI BEACH FL 33139	1.4 City-ST-ZiP	IAMI BEACH FR	33/35
TIME DELETE	2.1 TITLE		Change Addition
NAME :	22 NAME DE	LA TORRE CABLO	2
STREET ADDRESS	2.3 STREET ADDRESS 14	13 2014 SL #111	. , .
CITY-ST-ZIP	2.4 CITY-ST-ZIP	AMI BEAKH FR	33/39
TITLE DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	3.2 NAME		-
STREET ADDRESS	3.3 STREET ADDRESS		\
CITY-ST-ZIP	3.4. CrTY-ST-ZIP		
TITLE DELETE	4.f TITLE	·	☐ Change ☐ Addition
NAME	4. 2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		\
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	5.2 NAME		ł
STREET ADDRESS	5.3 STREET ADDRESS		}
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TILE DELETE	6.1 TITLE		☐ Change ☐ Addition
	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
TITLE OELETE	6.1 TITLE		Change Addition

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 or an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR