

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State
07-09-1999 90005 028 ***550.00

DOCUMENT # **P98000025162**
Corporation Name
DELPRO, INC.

Principal Place of Business
**152 SOUTHWEST 133RD PLACE
MIAMI FL 33186**

Mailing Address
**11352 SOUTHWEST 133RD PLACE
MIAMI FL 33186**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
11352 SW 133 PL

2a. Mailing Address
11352 SW 133 PL

Suite, Apt. #, etc.
MI

City & State
Miami, FL

Zip
33186

Country
USA

3. Date Incorporated or Qualified
03/18/1998

4. FEI Number
65-0822789

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
Lazaro Suarez

82 Street Address (P.O. Box Number is Not Acceptable)
11352 SW 133 PL

83

84 City
Miami

85 Zip Code
FL 33186

1. 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.

SIGNATURE
[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE
7/1/99

2. OFFICERS AND DIRECTORS

FILE	NAME	DELET
PD	SUAREZ, LAZARO	<input type="checkbox"/>
REET ADDRESS	11352 SW 133 PLACE	
TY-ST-ZIP	MIAMI FL 33186	
FILE	VD	<input type="checkbox"/>
NAME	SUAREZ, CRISTINA	
REET ADDRESS	11352 SW 133 PLACE	
TY-ST-ZIP	MIAMI FL 33186	
FILE		<input type="checkbox"/>
NAME		
REET ADDRESS		
TY-ST-ZIP		
FILE		<input type="checkbox"/>
NAME		
REET ADDRESS		
TY-ST-ZIP		
FILE		<input type="checkbox"/>
NAME		
REET ADDRESS		
TY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE	NAME	DELET	Change	Addition
1.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY-ST-ZIP				
2.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE			<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY-ST-ZIP				

4. 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.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **7/1/99**

DAYTIME PHONE #

CR2E034 (5/99)