

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 # P98000053656

1. Corporation Name  
DALFA, INC.

Principal Place of Business  
3040 NW 72 AVENUE  
MIAMI FL 33122

2. Principal Place of Business  
21 9123 BEDFORD DR. *same*  
Suite, Apt. #, etc.  
22  
23 City & State  
BOCA RATON, FL  
24 Zip 33434 Country U.S.A. *same*  
25 26 27 28 29 30

9. Name and Address of Current Registered Agent

FERRO ALVES, ANDRE LUIZ  
9123 BEDFORD DRIVE  
BOCA RATON FL 33434

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

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRO ALVES, ANDRE LUIZ		1.2 NAME
STREET ADDRESS	9123 BEDFORD DRIVE		1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-ST-ZIP
TITLE	VPT	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHER ALVES, DESIREE		2.2 NAME
STREET ADDRESS	9123 BEDFORD DRIVE		2.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL 33434		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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: *Andre' Luis Ferro Alves* MAR - 03 - 99 (561) 218 30 31

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0177637

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90033 021 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/16/1998	<input checked="" type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

4. FEI Number 65-0857445	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
	<input type="checkbox"/> \$5.00 May Be Added to Fees

5. Certificate of Status Desired

6. Election Campaign Financing

7. This corporation owes the current year intangible Personal Property Tax.  Yes  No

CR2E034 (11/98)