

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90002 031 ***150.00

DOCUMENT # P98000087011

1. Corporation Name
DELCAB CORPORATION

Principal Place of Business

7600 W. 20TH AVENUE
SUITE 213
HIALEAH FL 33016

Mailing Address

7600 W. 20TH AVENUE
SUITE 213
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1998

4. FEI Number

05-0871739

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6280 24th Ave. S.W.

2a. Mailing Address

26 6280 24th Ave. S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Naples, FL

City & State

28 Naples, FL

Zip

Country

24 34116

Zip

Country

29 34116

30

9. Name and Address of Current Registered Agent

DELGADO, RENAN E
7600 W. 20TH AVENUE
SUITE 213
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name

David J. Szempruch

82 Street Address (P.O. Box Number is Not Acceptable)

5100 N. Tamiami Tr, #201

83

84 City

Naples

FL

85 Zip Code

34103

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

David J. Szempruch

4/16/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME DELGADO, VIVIAN
STREET ADDRESS 7600 W. 20TH AVENUE
CITY-ST-ZIP HIALEAH FL 33016

TITLE VPD ☐ DELETE
NAME DELGADO, ALEIDA
STREET ADDRESS 7600 W. 20TH AVENUE
CITY-ST-ZIP HIALEAH FL 33016

TITLE STD ☐ DELETE
NAME DELGADO, RENAN E
STREET ADDRESS 7600 W. 20TH AVENUE
CITY-ST-ZIP HIALEAH FL 33016

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Delgado, Vivian
1.3 STREET ADDRESS 7600 W. 20TH Ave. S.W.
1.4 CITY-ST-ZIP Naples, FL 34116

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME Delgado, Aleida
2.3 STREET ADDRESS 7600 W. 20TH Ave. S.W.
2.4 CITY-ST-ZIP Naples, FL 34116

3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME Delgado, Renan E.
3.3 STREET ADDRESS 7600 W. 20TH Ave. S.W.
3.4 CITY-ST-ZIP Naples, FL 34116

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Vivian Delgado

Date

Daytime Phone #

4/16/99 941-354-0511

CR2E034 (11/98)