


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 #

1. Corporation Name

Delcab Corporation

Principal Place of Business

Mailing Address

6280 Star Grass Ln.
Naples, Fl. 34116

2. Principal Place of Business

2a. Mailing Address

21 6280 Star Grass Ln

26 6280 Star Grass Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Naples, Fl.

28 Naples, Fl.

Zip

Country

Zip

Country

24 34116

25 US

29 34116

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Delcab Corporation
6280 24th Ave. SW.
Naples, Fl. 34116

81 Name

Esteban Delgado

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

6280 Star Grass Ln

83

84 City

Naples, Fl.

FL

85

Zip Code
34116

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Esteban Delgado 10/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD.	<input checked="" type="checkbox"/> DELETE
NAME	Delgado, Vivian	
STREET ADDRESS	6280 24th Ave. SW.	
CITY-ST-ZIP	Naples, Fl. 34116	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	Delgado, Alcida	
STREET ADDRESS	6280 24th Ave SW	
CITY-ST-ZIP	Naples, Fl. 34116	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	Delgado, Renan	
STREET ADDRESS	6280 24th Ave SW	
CITY-ST-ZIP	Naples, Fl. 34116	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Delgado, Esteban	
1.3 STREET ADDRESS	6280 Star Grass Ln.	
1.4 CITY-ST-ZIP	Naples, Fl. 34116	
2.1 TITLE	VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Delgado, Alcida	
2.3 STREET ADDRESS	6280 Star Grass Ln	
2.4 CITY-ST-ZIP	Naples, Fl. 34116	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delgado, Renan	
3.3 STREET ADDRESS	6280 Star Grass Ln.	
3.4 CITY-ST-ZIP	Naples, Fl. 34116	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

000003089760--7
-01/08/90--01/08/90
*****61.25 *****61.25

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Esteban Delgado 10/25/99 941-354-101

Vivian Delgado 10/25/99 941-354