

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matharu
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S23573** (6)

1. Corporation Name

DALMA, INC.



Principal Place of Business

**6150 BIRD ROAD
MIAMI FL 33155**

Mailing Address

**6150 BIRD ROAD
SUITE A-4
MIAMI FL 33155
US**

3. Date Incorporated or Qualified

01/09/1991

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

21

State Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0236680

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FAZE, IRENE E.
6150 BIRD ROAD
SUITE A-4
MIAMI FL 33155**

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 607.1506, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY-STATE-ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY-STATE-ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY-STATE-ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY-STATE-ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY-STATE-ZIP
12.20 TITLE

**PVS
SZENTPALY, NIKOLAUS
6150 BIRD ROAD A4
MIAMI FL
T
SZENTPALY, NIKOLAUS
6150 BIRD ROAD A4
MIAMI FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

305-666-1711

CR2E034 (12/95)