FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CITY-ST-ZIP

FILED Jul 21 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # S23573 (6)DALMA, INC. Principal Place of Business Mailing Address 6150 BIRD ROAD 6150 BIRD ROAD MIAMI FL 33155 SUITE A4 MIAMI FL 33155-4864 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1991 02/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0236680 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζıp Country 24 25 29 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FAZE, IRENE E. 81 6150 BIRD ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE A-4 83 **MIAMI FL 33155** 84 City Zip Code 85 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 The gistered Agend signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PVS DELETE Change Addition TITLE 1.1 11118 SZENTPALY, NIKOLAUS NAME 1.2 NAME 6150 BIRD ROAD A4 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL** 1.4 CHY+\$1-7/P CITY-ST-ZIP DELETE Change Addition TITLE 211IILE SZENTPALY, NIKOLAUS NAME 2.2 NAME 6150 BIRD ROAD A4 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. 011Y+S1+ZIP DELETE Change Addition TITLE 4 1 1HLF NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7IP ☐ Change DELETE Addition TITLE 5.1 TOLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- ST-ZIP DELFTE Addition TITLE 6.1 TITLE Change NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADORESS

6 4 CITY - ST- 2IP 14. I do hereby cortify 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 eath, that I am an officer or director of the corporation or the receiver or trusted 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.

111.10104

(96/6)