

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90152 034 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S59982

1. Corporation Name
DELTA TRADING & MARKETING COMPANY

Principal Place of Business 2665 S BAYSHORE DR SUITE 703 MIAMI FL 33133 US	Mailing Address 2665 S BAYSHORE DR SUITE 703 MIAMI FL 33133 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/17/1991	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0268035	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2020 NW 89th Place Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33172 Country 25 DADE	2a. Mailing Address 26 c/o Richards Suite, Apt. #, etc. 27 2665 South Bayshore Dr. #703 City & State 28 Miami, Florida 33133 Zip 29 33133 Country 30 USA
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9. Name and Address of Current Registered Agent

RICHARDS, TIMOTHY D
2665 S BAYSHORE DR
SUITE 703
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name World Corporate Services, Inc.	85 Zip Code 33133
82 Street Address (P.O. Box Number is Not Acceptable) 2665 South Bayshore Drive	
83 Suite 703	
84 City Miami	85 Zip Code 33133

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 Timothy D. Richards **Timothy D. Richards, President** 01/12/99
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHARDS, TIMOTHY D.		1.2 NAME	
STREET ADDRESS 2665 SOUTH BAYSHORE DRIVE, SUITE 703		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33133		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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: Timothy D. Richards **Timothy D. Richards** 01/12/99 (305) 858-9900
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)