FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V25818** **(8)**

1. Corporation Name
DELFINI CORPORATION

Principal Place of Business	Mailing Address
779 W FLAGLER ST 2ND FL MIAMI FL 33130 US	779 W FLAGLER ST 2ND FL MIAMI FL 33130 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/02/1992
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-2818608 65-0480847 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TROIA, GIUSEPPE
779 W FLAGLER STREET
MIAMI FL 33130

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD.	☒ Change ☐ Addition
NAME	TROIA, ~~GIUSEPPE~~ ORIELLI	1.2 NAME	TROIA, ORIELLI	
STREET ADDRESS	5223 ALTON ROAD	1.3 STREET ADDRESS	5233 ALTON RD	
CITY-ST-ZIP	MIAMI BCH FL	1.4 CITY-ST-ZIP	MIAMI BCH. /FL./ 33140	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	TROIA, ~~GRIELL~~ ANGIELLE	2.2 NAME	TROIA ANGIELLE	
STREET ADDRESS	5223 ALTON ROAD	2.3 STREET ADDRESS	5233 ALTON RD.	
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	MIAMI BCH FL. 33140	
TITLE	~~AVD~~ SD SD	3.1 TITLE	SD.	☒ Change ☐ Addition
NAME	TROIA, ALESSIO	3.2 NAME	TROIA ALESSIO	
STREET ADDRESS	5223 ALTON ROAD	3.3 STREET ADDRESS	5233 ALTON RD	
CITY-ST-ZIP	MIAMI BCH FL	3.4 CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	TD TD.	4.1 TITLE	TD	☒ Change ☒ Addition
NAME	TROIA MIGEOS	4.2 NAME	TROIA MIGEOS	
STREET ADDRESS		4.3 STREET ADDRESS	5233 ALTON RD	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI BCH FL. 33140	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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.

SIGNATURE: Orielli Troia 4/10/95 (305) 325-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

012704 CP