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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V31391

(8)

DELENA LISA INC.

Principal Place of Business Mailing Address 432 BAYSHORE DR 432 BAYSHORE DRIVE VENICE FL 34285 VENICE FL 34285-1411 US US						
			00		Date Incorporated or Qualified     04/23/1992	3a. Date of Last Report 04/10/1996
2. Principal P	Place of Business	2a. Mailing Addres	2a. Mailing Address 16		4, FE! Number 65-0325695	Applied For Not Applicable
Suite, Apt 22	#, etc	Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State	———— ·		6. Election Campaign Financing	\$5.00 May Be
<b>23</b>	7:p Country 2:		Country		Trust Fund Contribution  8. This corporation has liability for in	
24	25	29	30	,		Yes No
	9. Name and Address of Cu				10. Name and Address of New Reg	jistered Agent
KHA	TIB, SAMIR		6	1 Name		
432 BAYSHORE DRIVE				2 Street Add	ress (P.O. Box Number is Not Acceptable	e)
VENICE FL 34285						
			8	3		
			18	4 City		85 Zip Code
						FL
11. Pursuant	to the provisions of Sections 607, registered agent, or both, in the S	.0502 and 607.1508, Florida	Statutes, the abo	ve-named con	poration submits this statement for the pr	urpose of changing its registered
agent La	in familiar with, and accept the o	bligations of, Section 607.05	05, Florida Statut	98.	tion's board of directors. I hereby accep	the appointment as registered
SIGNATURE						
<u> </u>	Signarure, typical or printed name of registere			gent signature requ	red when reinstating)	DATE
12,	OFFICERS	AND DIRECTORS  DELE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICE	Change Addition
TITLE	KHATIB, SAMIR	בין מבנכ		Ę.		C Change C Acceptor
NAME	432 BAYSHORE DR		1.2 NAMI			
STREET ADDRESS	VENICE FL			ET ADORESS		
CHY-ST-7IP	D DELETE		1.4 CITY- TE 2.1 TITLE			Change Addition
DILF	<del>_</del>			1		Change Addition
NAME	KHATIB, ANNE J. 432 BAYSHORE DR		2.2 NAMI	ł		Ī
STREET ADDRESS	VENICE FL			ET ADDRESS		
TOLE	ILITULIL	☐ DELE	Z 4 CHTY TE 3.1 TITLE			☐ Change ☐ Addition
NAME		_ 0	3.2 NAMI	i		
STREET ADORESS			B	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELE				Change Addition
NAME		_	4. 2 NAM			,
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP			4.4 CITY	1		
TIFLE		☐ DELE				Change Addition
NAME .			5.2 NAMI	E		-
STREET ADDRESS				ET ADORESS		
CHTY-ST-ZIP			5.4 CITY	Y		
TITLE		☐ DELE				Change Addition
NAME			62 NAM	E		
STREET ADDRESS			6.3 STAE	ET ADDRESS		
	1			)		

14. I do 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.

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