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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:12

DOCUMENT # V45640

(2)

1. Corporation Name

DELPHI DISTRIBUTOR INC.

Principal Place of Business

2591 CARAMBOLA CIRCLE, NORTH
COCONUT CREEK FL 33066

Mailing Address

2591 CARAMBOLA CIRCLE, NORTH
COCONUT CREEK FL 33066

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/19/1992

3a. Date of Last Report

04/11/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0360092

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALARCO, FRANCISCO J.
2591 CARAMBOLA CIR N
COCONUT CREEK FL 33066

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

Signature, typed or printed name of registered agent and pin if applicable

(NOTE: Registered Agent signature required when circulating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
ALARCO, FRANCISCO J
2591 CARAMBOLA CIRCLE, NORTH
COCONUT CREEK FL 33066

1. 1 TITLE ☐ Change ☐ Addition

1. 2 NAME

1. 3 STREET ADDRESS

1. 4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

2. 1 TITLE ☐ Change ☐ Addition

2. 2 NAME

2. 3 STREET ADDRESS

2. 4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

3. 1 TITLE ☐ Change ☐ Addition

3. 2 NAME

3. 3 STREET ADDRESS

3. 4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

4. 1 TITLE ☐ Change ☐ Addition

4. 2 NAME

4. 3 STREET ADDRESS

4. 4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

5. 1 TITLE ☐ Change ☐ Addition

5. 2 NAME

5. 3 STREET ADDRESS

5. 4 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

6. 1 TITLE ☐ Change ☐ Addition

6. 2 NAME

6. 3 STREET ADDRESS

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 110.017(2)(b), Florida Statutes. I further certify that the information included 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. 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:

Francisco J. Alarco

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1-16-95 305-7783321

(Date)

(Typed Name)