

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **448016** (6)

1. Corporation Name
DANNY POOLS INC.



Principal Place of Business: **2601 NW 18 TERRACE MIAMI FL 33125**
Mailing Address: **PO BOX 351147 MIAMI FL 33125-1147 US**

3. Date Incorporated or Qualified: **04/08/1974**
3a. Date of Last Report: **06/05/1995**

2. Principal Place of Business: **21 22 23 24** *2601 NW 18 Terrace*
2a. Mailing Address: **26 27 28 29 30** *PO BOX 351147*

4. FEI Number: **59-1541097**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **RODRIGUEZ, MRS MARIA C 2601 NW 18 TERRACE SUITE 109 MIAMI FL 33125**
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: _____ (NOTE: Registered Agent signature required when reconstituting) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V IMBERT, RAFAEL A <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14435 SW 95 LANE	2. NAME	
STREET ADDRESS	MIAMI, FL 00000	3. STREET ADDRESS	
CITY-STATE-ZIP		4. CITY-STATE-ZIP	
TITLE	ST RODRIGUEZ, MARIA C. <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2601 NW 18TH TERRACE	6. NAME	
STREET ADDRESS	MIAMI FL	7. STREET ADDRESS	
CITY-STATE-ZIP		8. CITY-STATE-ZIP	
TITLE	MT RODRIGUEZ, MARDO D <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2601 NW 18TH TERRACE	10. NAME	
STREET ADDRESS	MIAMI FL	11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-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)(k), 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **5-10-96** 433-9699

CR2E034 (12/95)