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

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an estachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED PLANE OF SIGNING DEFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

2-4-97 305-63-9699
Date Daytime Phone 8

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 448016

(6)

DANNY POOLS INC.

Principal Place of Business Mailing Address PO BOX 351147 2801 NW 18 TERRACE MIAMI FL 33135-7147 MAMN FL 33125 3a. Date of Last Report 3. Date Incorporated or Qualified 04/08/1974 05/16/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-1541097 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc 6. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Yes No Florida Statutes 24 25 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name RODRIGUEZ, MRS MARIA C 2601 NW 18 TERRACE Street Address (P.O. Box Number is Not Acceptable) SUITE 109 83 MIAMI FL 33125 84 City 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 Agen) signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Managine Director Change Wade OFFICERS AND DIRECTORS 13. 12. DELETE 1 Addition 1.1 TITLE TITLE 61/6 ERTO ARCIA 8301 N.W. 179 91 IMBERT, RAFAEL A 1.2 NAME NAME 14435 SW 95 LANE 1.3 STREET ADDRESS STREET ADDRESS iami- Floreidos MIAMI, FL 00000 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition ST 2.1 TITLE TITLE RODRIGUEZ, MARIA C. 2.2 NAME NAME 2601 NW 18TH TERRACE 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP PRESIDENT NACDO D. RODRIBUEZ 2601 N.W. 18 TELL. MISMI-FL, 53126 Change Addition DELETE 3.1 TITLE T(T) F RODRIGUEZ, MARDO D NAME 3.2 NAME 2601 NW 18TH TERRACE 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF

14. I do horeby 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