

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

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 855239 (0)**

1. Corporation Name  
**DAVIMARY, INC.**



Principal Place of Business <b>6281 SW 25TH ST.                  MIAMI FL 33155</b>	Mailing Address <b>POST OFFICE BOX 557484                  MIAMI FL 33255-7484</b>
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2. Principal Place of Business 21 <b>6700 SW 115th Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 557484</b> Suite, Apt. #, etc.
22 City & State 23 <b>Miami Florida</b>	27 City & State 28 <b>Miami Florida</b>
24 Zip <b>33156</b> Country <b>USA</b>	29 Zip <b>33255</b> Country <b>USA</b>

3. Date Incorporated or Qualified <b>01/13/1983</b>	3a. Date of Last Report <b>02/16/1996</b>
4. FEI Number <b>98-0062387</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EVANS, LAWRENCE S.  
 4161 WOODRIDGE ROAD  
 MIAMI FL 33133**

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 *Lawrence S. Evans* DATE **4/20/97**

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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNES DIAS, DAVID JOSE</b>	1.2 NAME	
STREET ADDRESS	<b>6281 SW 25TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAS DE NUNES, MARIA MANUELA</b>	2.2 NAME	
STREET ADDRESS	<b>6281 SW 25TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNES DIAS, MARVEL RUTH</b>	3.2 NAME	
STREET ADDRESS	<b>6281 SW 25TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNES DIAS, VICTOR SAMUEL</b>	4.2 NAME	
STREET ADDRESS	<b>6281 SW 25TH ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, LAWRENCE S</b>	5.2 NAME	
STREET ADDRESS	<b>4161 WOODRIDGE RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Lawrence S. Evans* DATE: **4/20/97** (305) 789-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (9/96)