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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 855239 1. Corporation Name DAVIMARY, INC.) 1883 81 1818 1818 81 1818 1818 1818 18	
Principal Place	of Business	⇒ Meiling Address		٠.		(1981/IL later amei amis 1700 (ma 1811) ann aran aran aran aran aran
6700 SW 115THST MIAMI FL 33156		PO BOX 557484 MIAMI FL 33255		,	-	DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualifed
						01/13/1983
2. Principal Pl	ace of Business	2a. Mailing Address			•	4. FEI Number Applied For
21		26				98-0062387 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	\$8.75 Additional
22	·	27				5. Certificate of Status Desired Fee Required
City & State		City & State		1		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Соц	ntry		8. This corporation owes the current year Intangible
24	25	29	30	`		Personal Property Tax. Yes No
Name and Address of Current Registered Agent				81	Name	10. Name and Address of New Registered Agent
EVA	EVANS, LAWRENCE S.				Name	
	4161 WOODRIDGE ROAD			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
MIAMI FL 33133				83		
17117 111						
			÷	84 City FL 85 Zip Code		
de office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of in familiar with, and accept the obligation	i Florida. Such change was a	uthonzed	l hv i	the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
_	ir laminar with, and accept the congent	513 01, 0000011 001.0000, 110	nau Otati		•	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign				t signature requ		
12.	OFFICERS AND		13.		•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P .	☐ DELETE	1.1 TF		1	☐ Change ☐ Addition
NAME'	NUNES DIAS, DAVID JOSE		1.2 NA			
STREET ADDRESS	6281 SW 25TH ST.				ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155			TY-ST	T- ZIP	☐ Change ☐ Addition
TITLE	VP	☐ DELETE		2.1 TITLE		ن Strainge الله الله الله الله الله الله الله الل
NAME	DIAS DE NUNES, MARIA MANUI	ELA	2.2 NA			
STREET ADDRESS	6281 SW 25TH ST.				ADORESS	
CITY-ST-ZIP	MIAMI FL 33155	DELETE	2. 4 C		11-ZIP	Change Addition
TITLE	S MINES DIAS MADIVEL DUTH		3.2 NA			
NAME	NUNES DIAS, MARIVEL RUTH		1		TADODESS	
STREET ADDRESS	6281 SW 25TH ST. MIAMI FL 33155			3.3 STREET ADORESS 3.4. CITY-ST-ZIP		-
CITY-ST-ZIP TITLE	T			4.1 TITLE		☐ Change ☐ Addition
NAME	NUNES DIAS, VICTOR SAMUEL		4. 2 N			
STREET ADDRESS	6281 SW 25TH ST.				ADDRESS	•
CITY-ST-ZIP	MIAMI FL 33155		4.4 CI		1	<u></u>
TITLE	AS	☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME	EVANS, LAWRENCE S		5.2 N	AME	ľ	
STREET ADDRESS	4161 WOODRIDGE RD.		5.3 \$1	REET	FADORESS	
CITY-ST-ZIP	MIAMI FL 33133		5.4 Cf		T-ZIP	
		□ nci ctc	6.1 TO	TLE		☐ Change ☐ Addition

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS