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

Mailing Address

4415 MONSERRATE ST.

CORAL GABLES FL 33146

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

Suite, Apt #, etc

City & State

407 LINCOLN RD.

SUITE 10-L MIAMI BEACH FL 33139

21

22

23 Zip

24



FLORIDA DEPARTMENT OF STATE

Sendra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address 26. 4415 MONSERRATE ST.

DOCUMENT # P94000020471 (6)

Country

g. Name and Address of Current Registered Age

25

CORAL GABLES FL 33146

DAHAN, SIMON 4415 MONSERRATE

D & F INVESTMENTS, INC.

Mar 23 1998 Secretary of	of	St	at	te
DO NOT WRITE IN THIS Date Incorporated or Qualified			**	
03/16/1994 J. FEI Number				
65-0478256			plied t And	olicable
i. Certificate of Status Desired	7 -	.75 A	ddit	ional
i. Election Campaign Financing Trust Fund Contribution	\$	5.00 dded t	May	Ве
P.O. Box Number is Not Acceptable) This corporation owes or has paid the cupersonal Property Tax due June 30. Name and Address of New Registered P.O. Box Number is Not Acceptable)	Yes		angit] No	
FL on submits this statement for the purpose o	85 f chan	Zip (per s	istered
board of directors. I hereby accept the app	ointm	ent as	regis	tered
en reinstating) DATE	2000	OTOD	C 111	10
ADDITIONS/CHANGES TO OFFICERS AND		hange		12 Addition
	☐ C	hange		Addition
	11.		7-1	1.60

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent argnature required who 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE JITE F DAHAN, SIMON 1.2 NAME NAME **4415 MONSERRATE** 1.1 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE FARIN, JAIME NAME 2.2 NAME 1730 N.E. 198TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS N. MIAMI BEACH FL 33179 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition FARIN, ANAT NAME 3.2 NAME 1730 N.E. 198TH TERRACE 3.3 STREET ADDRESS STREET ADDRESS N. MIAMI BEACH FL 33179 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TIFLE 4.1 TITLE DAHAN, JEANETE 4 2 NAME NAME **4415 MONSERRATE** 4.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33146 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ___ Addition T171 F NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

62

83

City

Street Address

14. Thereby certify that the information supplied with this filling 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 to true end a furate 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 receipt or trustee empowers 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 online attainment with an address.

SIGNATURE:

I DAHAN 3

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