

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

**FILED**

**May 05 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # P97000077848 (4)**

1. Corporation Name  
**DAIR MIAMI, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **167 GOLDEN BEACH DRIVE  
GOLDEN BEACH FL 33160**  
Mailing Address: **167 GOLDEN BEACH DRIVE  
GOLDEN BEACH FL 33160**

3. Date Incorporated or Qualified

**09/08/1997**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**65-0782241**

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEIL, DANY  
167 GOLDEN BEACH DRIVE  
GOLDEN BEACH FL 33160**

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

Signature: typed or printed name of registered agent and the Corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEIL, DANY</b>	
STREET ADDRESS	<b>167 GOLDEN BEACH DRIVE</b>	
CITY-ST-ZIP	<b>GOLDEN BEACH FL 33160</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEIL, IRA</b>	
STREET ADDRESS	<b>167 GOLDEN BEACH DRIVE</b>	
CITY-ST-ZIP	<b>GOLDEN BEACH FL 33160</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *Dany Weil* **DANY WEIL**

**11/27/98**

**305-888-3587**

CR2E034 (10/97)