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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000037944

1. Corporation Name

DA INTERNATIONAL CORP.								
		•						
	Station Address							
						•		
2300 CORAL WAY #111 2300 CORAL WAY #111				DO NOT WRITE IN THIS SPACE				
9	MINMI, CE 00170		3. D	ate Incorporated or 0	Qualifed			
			0	4/27/1998				
lace of Business	2a. Mailing Address				7/50	Ap	plied For	
·	26			M-129	140		t Applicable	
#, etc.			5. C	ertifcate of Status De	esired 🏗	\$8.75 A	I	
te :	City & State		6. F	lection Campaign Fir	nancing _	\$5.00	Mav Be	
	28				-	: Added t		
Country	Zip	Country	8. T	his corporation owes	the current year	ntangible	ا ير	
. 25		J					ØN₀	
9. Name and Address of Curren	t Registered Agent	91 Name	10. N	lame and Address o	of New Registere	d Agent		
E CORPORATE SERVICES, INC.	•	oi Name						
2300 CORAL WAY		82 Street	Address (P.O. Box Number is Not Acceptable)					
TE 103		83						
MI FL 33145		94 65				ge Zin (Code	
		'						
to the provisions of Sections 607 050	0 CO7 4500 Florida Otabidas		corporation o	ubmita this statemen	t for the purpose	of changing its	registered	
to the provisions of Sections our book	2 and 607.1508, Florida Statutes,	the above-named	corporation's	d of dispetors I have	hy accept the and	oi crianging its	nistered	
registered agent, or both in the State of th	of Florida. Such change was authoritions of, Section 607.0505, Florida	orized by the corporation of the	oration's boar	d of directors. I here	by accept the app	cointment as re	gistered	
MANON MILLEY	ner vivia	N MITIKY II	17 1162		by accept the app	iointment as re	gistered GG	
Office of printed name of registered ager	nt and title if applicable. (NOTE: Re	orized by the corporation of Statutes. Market Agent signature in 13.	required when rein	Stating)	LIUPSU	1, 4,01	71	
Signature, typed or priviled name of registered ager OFFICERS AN	ner vivia	gistered Agent signature r	required when rein		LIUPSU	1, 4,01	71	
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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 supplier ental 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 of 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 or an appear of the corporation of the corpo

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME