


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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90008 040 ***150.00

0247106

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 523383

1. Corporation Name

DCA FINANCIAL CORP.

Principal Place of Business

700 N.W. 107TH AVENUE
4TH FLOOR
MIAMI FL 33172

Mailing Address

700 N.W. 107TH AVENUE
4TH FLOOR
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1977

4. FEI Number

59-1719780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 730 NW 107 Avenue

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33172

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.
700 N.W. 107TH AVENUE
4TH FLOOR
MIAMI FL 33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODIST, DEBRA	1.2 NAME	
STREET ADDRESS	700 NW 107 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNOZ, JANICE	2.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	CDP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKOR, ALLAN J.	3.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	VASO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKY, NANCY	4.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, LINDA	5.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVINE, PATRICIA	6.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra Modist

11-2-99

305-229-6400

Date

Daytime Phone #

CR2E034 (1/1/98)