Feb 22, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 381870

1. Corporation Name

DODADO ELIBNITUDE CORDODATION

	ADO FURNHUNE CONF				
Data da al Dia a	C D i	Mailing Address			DAN BIRDIN REBUK BIRDIN BIRDIN TERBI
Principal Place					
4200 NW 167TH ST 4200 NW 167TH ST MIAMI GARDENS FL 33054 MIAMI GARDENS FL 33054			DO NOT WRITE IN TI	HIS SPACE	
				3. Date Incorporated or Qualifed 05/10/1971	•
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
— ·	lace of business	26		59-1350886	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	The state of the s		\$8.75 Additional
22	#, EtC.	27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 3	30	Personal Property Tax.	Yes No
	9. Name and Address of C			10. Name and Address of New Register	ed Agent
			81 Name	·	,
CAPO, LUIS E.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
1260 NW 72 AVE		יאלה בי			
MAN	VII FL 33126 -		83	J. 1217	. ,
			84 City M	<u> </u>	85 Zip Code
		5, 1, 0, 0, 1, 1, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			of changing its registered
11. Pursuant i	enietored agent or both in the S	7.0502 and 607.1508, Florida Statutes	s, the above-named out	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
office or re agent. I a	m familiar with, and accept the	obligations of, Section 607.0505, Florid	da Statutes.	, and a second of an observation of the second of the seco	
office or re agent. I as SIGNATURE	ım familiar with, and accept the o	obligations of, Section 607.0505, Florid	da Statutes.		
agent. I a	m familiar with, and accept the o	obligations of, Section 607.0505, Florid red agent and title if applicable. (NOTE: R	da Statutes. Registered Agent signature requ	uired when reinstating) DATE	
agent. I at SIGNATURE 12.	m familiar with, and accept the of Signature, typed or printed name of register OFFICER	pobligations of, Section 607,0505, Florid red agent and title if applicable. (NOTE: R S AND DIRECTORS	Da Statutes. Registered Agent signature requestions.		AND DIRECTORS IN 12
agent. I at SIGNATURE 12. TITLE	Signature, typed or printed name of register OFFICER D	obligations of, Section 607.0505, Florid red agent and title if applicable. (NOTE: R	Registered Agent signature requests 13.	uired when reinstating) DATE	
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agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of register OFFICER D CAPO,MANUEL M 1260 NW 72 AVE MIAMI FL	pobligations of, Section 607,0505, Florid red agent and title if applicable. (NOTE: R RS AND DIRECTORS	Registered Agent signature requested. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS WALLY Street	AND DIRECTORS IN 12 Change Addition
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this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information yould report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in with an address, with all other like empowered. 14. I hereby certify that the inform indicated on this annual report officer or director of the corpor Block 12 or Block 13 if change

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING DEFICER OR DIRECTOR