

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 399213 (8)
1. Corporation Name
DYNAMITE ENTERPRISES, INC

Principal Place of Business
2843 S BAYSHORE DR
SUITE 16 B
COCONUT GROVE FL 33133
US

Mailing Address
2843 S BAYSHORE DR
SUITE 16 B
COCONUT GROVE FL 33133
US

FILED
Sep 17 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3635 HIAWATHA AVE B112
Suite, Apt. #, etc.
22 B112
City & State
23 COCONUT GROVE, FL
Zip
33133 Country
25 USA

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

3. Date incorporated or Qualified
04/12/1972

4. FEI Number
59-1449468

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent
DAMSKY, ARNOLD
2843 S. BAYSHORE DR #16B
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent
81 Name
DAMSKY, ARNOLD
82 Street Address (P.O. Box Number is Not Acceptable)
3535 HIAWATHA AVE
83 UNIT B112
84 City
COCONUT GROVE FL 85 Zip Code
33133

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, type or printed name of registered agent and title, if applicable.
ARNOLD DAMSKY
(NOTE: Registered Agent signature required when reinstating)
9/10/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PS	DAMSKY, ARNOLD	2843 S BAYSHORE DR #16B	COCONUT GROVE FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PS	DAMSKY, ARNOLD	3535 HIAWATHA AVE UNIT B112	COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: [Signature]
9/10/98 305 860 8923

CR2E034 (5/98)