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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90008 040 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/28/1977

2. Principal Place of Business
21: 730 NW 107 Avenue
22: Suite, Apt. #, etc.
23: City & State: Miami FL
24: Zip: 33172 25: Country: USA

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

4. FEI Number: 59-1719780 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☐ DELETE	1.1 TITLE		☐ Change ☐ 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	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	☐ DELETE	3.1 TITLE		☐ Change ☐ 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	VASD	☐ DELETE	4.1 TITLE		☐ Change ☐ 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	☐ DELETE	5.1 TITLE		☐ Change ☐ 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	☐ DELETE	6.1 TITLE		☐ Change ☐ 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 Debra Modist 1-12-99 305-229-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)