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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 24 1997 8:00am

Secretary of State

0118277

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 595020

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| DAPE CO  | ORP.  |   |   |  |  |  |                                  |                             |                   |              |                                       |  |  |
|--|---|---|---|--|--|--|----------------------------------|-----------------------------|-------------------|--------------|---------------------------------------|--|--|
| Principal Prace of Business Mailing Address 490 W. 29 STREET 490 W. 29 STREET HALEAH FL 33012 HIALEAH FL 33012-572   |   |   |   |  | 9  |  |                                  |                             |                   |              |                                       |  |  |
|  |   |   |   |  |  |  |                                  | ite Incorporated o          | r Qualified       |              | ate of Last F<br>08/1996              | Report                                 |  |
| 2. Principal Pia   | ace of Business   |   | 2a. Mailing Address   |  |  |  |                                  | l Number                    |                   | <u>. L</u>   | L A                                   | oplied For                             |  |
| 1  |   |   | 26  |  | ,,   |  | 5                                | 9-1905096                   |                   |              |                                       | ot Applicable                          |  |
| – Suite. Apt ∃<br>⊐  | # etc   |   | Suite, Apt. #, etc.   |  |  |  | 5. Certificate of Status Desired |                             |                   | S8.75 Additi |                                       |  |  |
| City & State   |   |   | City & State  |  |  |  | E Flo                            | ection Campaign             | Einanoina         |              |                                       | May Be                                 |  |
| 3  |   | İ   | 28  |  |  |  |                                  | ust Fund Contribu           | -                 |              |                                       | nay be<br>to Fees                      |  |
| Zφ   | Country   |   | Zip   | Cou  | untry  | <del></del>  | <b>8.</b> Thi                    | is corporation has          | s liability for i | intangible   | tax under s                           | . 199.032                              |  |
| 1  | 25  |   | 29  | 30   |  |  | Flo                              | orida Statutes              |                   | Yes [        | No                                    |  |  |
|  | 9. Name and Addre   | ss of Current R   | egistered Agent   |  | 1  |  | 10. Na                           | me and Address              | of New Re         | gistered     | Agent                                 |  |  |
|  | NS, JOSE M.<br>W. 33RD STREET   |   |   |  | 81  1  | Name   |                                  |                             |                   |              |                                       |  |  |
| 1125<br>HIALI  |   | 82  |   | Street Addr  | ress (P.O.   | Box Number is N  | lot Acceptat                     | ole)                        |                   |              |                                       |  |  |
|  |   |   |   |  | 83   |  |                                  |                             |                   |              |                                       |  |  |
|  |   |   |   |  | 84 (   | City   |                                  |                             |                   | FL           | <b>85</b> Zip                         | Code                                   |  |
|  | to the provisions of Cost   |   | rid 607 1509, Elorida Ci  | tatutan the o  |  | amod core  | noration E                       | ubmits this statem          | nont for the r    |              | f changing i                          | te registered                          |  |
| agent Lar<br>SIGNATURE   | egistered agent or both<br>ni familiar with, and acc<br>Signature typed or printed half                           | ept the obligation  | ns of, Section 607.0506   | , Florida Sta  | itutes.  | signature requir   | red when rein                    | stating)                    |                   | DATE         | · · · · · · · · · · · · · · · · · · · |  |  |
| office or re<br>agent Tar<br>SIGNATURE   | n farn iar with, and acc<br>Significe tyle Lactionic diam.  | ept the obligation  | ns of, Section 607.0506   | 5, Florida Sta<br>(NOTE Registere  | itutes.<br>ed Agent i  | signature requir   |                                  | istating)<br>DITIONS/CHANGI | ES TO OFFIC       |              | DIRECTO                               |  |  |
| office of re<br>agent Lar<br>SIGNATURE   | of farn, iar with, and acc<br>Signative type for pointed roun<br>PD<br>ZAYAS, DANIEL A                            | ept the obligation  | ns of, Section 607.0506<br>addientapplicable<br>DIRECTORS               | 5, Florida Sta<br>(NOTE Registere  | ed Agent (   | signature requir   |                                  |                             | ES TO OFFIC       |              |                                       |  |  |
| office of reagent. I are agent. | Signative type 1 or printed name O PD ZAYAS, DANIEL A 885 W 33 ST   | ept the obligation of regions 1 to the province | ns of, Section 607.0506<br>addientapplicable<br>DIRECTORS               | (NOTE Registere 13. 1.1.1  | ed Agent (   |  |                                  |                             | ES TO OFFIC       |              |                                       |  |  |
| office of reagent. I are agent. I are signature.  2.  ITLE IAME ITREET ADDRESS   | Signature type-1 or peniled name  PD  ZAYAS, DANIEL A  865 W 33 ST  HIALEAH, FL 00000                             | ept the obligation of regions 1 to the province | ns of, Section 607 0506 at the diapplicable DRECTORS DELETE             | (NOTE Registere  13. 1.1 T 1.2 N 1.3 S   | ed Agent (   | DDRESS   |                                  |                             | ES TO OFFIC       |              | Change                                | ☐ Additio                              |  |
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