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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

RENE DACCARETT, & CO., INC.

FILED May 14 1998 8:00am Secretary of State

A KARAMA DIKAN KANIK BERAN KIRIN KARIK DEBE BERAL DIBIK BIDIK BADIK DEBAK BERAN DIBIK BERAN DIBIK KARA

Principal Place of Business Mailing Address				I CRESCO DICTOR CHILD BILLD STORM SHIP BIRL BIRL AND CANADA	irain minir minir niair idar			
444 BRICKELL STE 51-354 MIAMI FL 3313 US		444 BRICKELL AVE STE 51-354 MIAMI FL 33131-2492 US		DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified 08/30/1979	1			
2. Principal Pla	oe of Business	2a. Mailing Ad	Idress		4. FEI Number	Applied For		
21		26			59-1965769	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt	#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & Stat	e		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	2 2 (p)	30	untry	This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes \[] No		
9. Name and Address of Current Registered Agent				1	10. Name and Address of New Registered Agent			
444 BRICKELL AVENUE SUITE 51-354					82 Street Address (P.O. Box Number is Not Acceptable)			

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

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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE Signature, typed or profiled name of registered agent and blocit applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	N 12						
TITLE	PD	DELETE	1.1 TITLE	Change	Addition						
NAME	DACCARETT, RENE		1.2 NAME								
STREET ADDRESS	444 BRICKELL AVENUE, SUITE 51-354		1.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP								
TITLE	\$D	DELETE	2.1 TITLE	Change _	Addition						
NAME	DE DACCARETT, ROSA MARIA		2.2 NAME		[
STREET ADDRESS	444 BRICKELL AVE., STE. 51-354		23 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL		2 4 CITY-S1-ZIP								
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change	Addition						
NAME [DACCARETT, JOSE		3.2 NAME								
STREET ADDRESS	444 BRICKELL AVE., STE. 51-354		3.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP								
TITLE	TD	DELETE	4.1 TITLE	☐ Change	Addition						
NAME	DACCARETT, ROSE	•	4. 2 NAME								
STREET ADDRESS	444 BRICKELL AVE., STE. 51-354		4.3 STREET ADDRESS								
CITY-\$1-ZIP	MIAMI FL		4.4 CITY - ST - ZIP								
TITLE		☐ DELETE	5.1 TITLE	Change _	Addition						
NAME			5.2 NAME		ļ						
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY - ST - ZIP								
TITLE		☐ DÉLETE	6.1 TITLE	☐ Change	Addition						
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			64 CITY-ST-ZIP								

14. Thereby 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 of treather properties 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 in an attachment with a address.

SIGNATURE:

Zip Code