ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 640534 (4)

1. Corporation Name
DADELAND PROPERTIES INC.

Principal Place of Business	Mailing Address
% MARIO BRAMNICK 999 PONCE DE LEON BLVD., S-1000 CORAL GABLES FL 33134	% MARIO BRAMNICK 999 PONCE DE LEON BLVD., S-1000 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/22/1979
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 9050 Pines Blvd., # 450	Suite, Apt. #, etc. 27 9050 Pines Blvd., # 450
City & State 23 Pembroke Pines, FL	City & State 28 Pembroke Pines, FL
Zip / Country 24 33024 / 25	Zip / Country 29 33024 / 30

4. FEI Number: 59-1942452 ☐ Applied For ☐ Not Applicable

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

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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAMNICK, Z
999 PONCE DE LEON BLVD. S-1000
CORAL GABLES FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9050 Pines Blvd., # 450
83
84 City: Pembroke Pines FL 85 Zip Code: 33024

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	P	11 TITLE		☐ Change ☐ Addition
NAME	LEV, Y.	12 NAME		
STREET ADDRESS	1800 NE 114TH ST. #2409	13 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	Vice President	☒ Change ☐ Addition
NAME	BRAMNICK, Z.	22 NAME	Bramnick, Z.	
STREET ADDRESS	999 PONCE DE LEON BLVD	23 STREET ADDRESS	9050 Pines Blvd., # 450	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE		31 TITLE	Secretary	☐ Change ☒ Addition
NAME		32 NAME	Bramnick, Mario	
STREET ADDRESS		33 STREET ADDRESS	9050 Pines Blvd., # 450	
CITY-ST-ZIP		34 CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Mario Bramnick (305) 430-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137003 CP