

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED; MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **661723**

1. Corporation Name

D. V. MACHINE SHOP, CORP.

Principal Place of Business

**251 WEST 24 STREET
HIALEAH FL 33010**

Mailing Address

**251 WEST 24 STREET
HIALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1980

4. FEI Number

59-2021649

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

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CANEDA, LUIS A
1109 N.W. 161ST AVENUE
PEMBROKE PINES FL 33028**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | VARONA, LUIS | |
| STREET ADDRESS | 8165 W. 18TH AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33014 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | VARONA, OFELIA | |
| STREET ADDRESS | 8165 W. 18TH AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33014 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | VARONA, DANNY | |
| STREET ADDRESS | 8165 W. 18TH AVE. | |
| CITY-ST-ZIP | HIALEAH FL 33014 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------------|--|
| 1.1 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LUIS A. CANEDA | |
| 1.3 STREET ADDRESS | 1109 NW. 161 AVE | |
| 1.4 CITY-ST-ZIP | PEMBROKE PINES FLA, 33028 | |
| 2.1 TITLE | VICE President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | BRYAN PEARSON | |
| 2.3 STREET ADDRESS | 655 SW. 113 WAY. | |
| 2.4 CITY-ST-ZIP | PEMBROKE PINES FLA, 33025 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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.

SIGNATURE:

LUIS CANEDA 8/2/99 305 885-7541

CR2E034 (5/99)

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90001 014 ***550.00

