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 # F09055

(7)

FILED May 19 1998 8:00am Secretary of State

	HAPPY	DAZE UNLIMITED, IV, IN	IC.			
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Prin	ncinal Place	e of Business	Mailing Address	**	<u> </u>	
}	GROVE ISU		1 GROVE ISLE DR		}	
PHIO PHIO						
COCONUT GROVE FL 33133			COCONUT GROVE FL 331	33	DO NOT WRITE IN THIS	SPACE
U	\$		U\$		3. Date Incorporated or Qualified	}
<u> </u>	Principal Pi	lace of Business	2a. Mailing Address		12/12/1980 4. FEI Number	Applied For
21	rinoparri	iace of Business	26		59-3254132	Not Applicable
211	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22			27		5. Certificate of Status Desired	Fee Required
ł	City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23			28		Trust Fund Contribution	Added to Fees
	Zip	Country	Zıp	Country	8. This corporation owes or has paid the co	
24		25	_ ·	30]		Yes No
<u> </u>		g, Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registered	Agent
		MAS, IVAN		O1 IValle		
1 GROVE ISLE DR OTE-1005" PHVO				62 Street Add	dress (P.O. Box Number is Not Acceptable)	
		CONUT GROVE FL 33133		B3		
		COMOL GROVE EL 33133				
				84 City	FI	85 Zip Code
11.	Pursuant t	to the provisions of Sections 607.0	0502 and 607 1508, Florida Statute	s, the above-named cor		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.						
l	SNATURE		NO			
	JIHATOTIC .	Signature, typical or pointed name of registered		Registered Agent signature requ		
12.			AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITL						
NAM		PD BYANI	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
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\	ie Eet address	ALMAS, IVAN 1 GROVE ILSE DR PH10	L DELETE	1.2 NAME 1.3 STREE1 ADDRESS		
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14. 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 of 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 trusted 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 allochment with an address.