## 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 #

F97000002416 (2)

DANIMARC, INC.

## FILED Mar 26 1998 8:00am Secretary of State

DAMIN	IANO, INC	•							
Principal Plac	e of Busines	\$		Mailing A	Address				
2170 NE 186TH TERR. 2170 NE 186TH TERR.									
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 3317						FL 33179			DO NOT WOLTS IN THE OPINS
									DO NOT WRITE IN THIS SPACE
									3. Date incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address									05/06/1997 4. FEI Number   Applied For
21			26					65-0745662 Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.									CO 7E A 4 800 1
22			ļ	27					5. Certificate of Status Desired Fee Required
City & State	e		City & State					6. Election Campaign Financing \$5.00 May Be	
23				28					Trust Fund Contribution
Zip Country			-	Zip Country			ıntry	1	8. This corporation owes or has paid the current year Intangible
24 25 25 Name and Address of Current				29 30 30					Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent							81	Name	10. Name and Address of New Registered Agent
ROSELLO, VICTOR								1401710	
2170 NE 186TH TERR.				·			62	Street Add	dress (P.O. Box Number is Not Acceptable)
NC	NORTH MIAMI BEACH FL 33179						83	<del> </del>	
							84	City	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.	Ant	OFFIC	ERS AND D	IRECTORS		13.		·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CPT	A MOTAD			☐ DELETE	1.1 T			☐ Change ☐ Addition
NAME		O, VICTOR	5			1.2 NA			
STREET ADDRESS	MODELL MANAGEMENT PLANTE							ADDRESS	
CITY-ST-ZIP TITLE	S	MINNI DENO	111 331/3		DELETE	1.4 CI 2 1 TI		11-ZIP	☐ Change ☐ Addition
NAME		O, PATRICIA	Δ			2.2 NA			C Shange C Addition
STREET ADDRESS							2.3 STREET ADDRESS		
CITY-ST-ZIP	_	MIAMI BEACI				2. 4 C			
TITLE					DELETE	3.1 TIT			Change Addition
NAME						3.2 NA	ME		
STREET ADDRESS						3.3 ST	REET.	ADDRESS	
CITY-ST-ZIP						3.4. CI	1Y-S	ST-ZIP	
TITLE					DELETE	4.1 TII	LE		Change Addition
NAME						4. 2 N	AME		
STREET ADDRESS						4.3 ST	REET	ADDRESS	
CITY-ST-ZIP		···· <del> · · · · · · · · · · · · · · · </del>			-	4.4 CI		T-ZIP	
TITLE					DELETE	5.1 TIT			Change Addition
NAME						5.2 NA			
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP TITLE			<del></del>		DELET <b>E</b>	5.4 CIT		T-ZIP	Change III desires
NAME					T DETENT	6.1 TIT			Change L Addition
STREET ADDRESS			_			6.2 NA		ADDRESS	
CITY-ST-ZIP									
14. Lhereby c	ertify that the	information su	pplied with th	nis filing do	es not qualify t	6.4 CII or the exe	mnl	ion 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, in on an autochment with an address.									