FILE NOW: FILING FEE AFT'R MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90074 008 ***150.00

	1999				
DOCL 1. Corporati	JMENT # F97000	003354			
DANEB	ORG CORPORATION	•		150	———
,					Control of the Contro
	<u> </u>				7) m.
Principal Pla	ice of Business	Mailing Address			
153 SEVILLA AVE CORAL GABLES FL 33134		153 SEVILLA AVE CORAL GABLES FL 33134	;	DO NOT WRITE IN T	HIS SPACE
		,		3. Date Incorporated or Qualifed	THE OF ACE
			•	06/27/1997	*
2. Principal	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	. Applied For
21		26	·	52-2031878	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5: Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Sta	ate .	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	This corporation owes the current year	
24	25	29	30	Personal Property Tax.	Yes No
	9. Name and Address of Current	<u> </u>		10. Name and Address of New Register	ed Agent
			81 Name		
ì	MJF REGISTERED AGENT CORP			ess (P.O. Box Number is Not Acceptable)	
153 SEVILLA AVE				()	
CO	RAL GABLES FL 33134		83		10
			84 City		85 Zip Code
					of changing its registered
office or I	registered agent, or both, in the State of	f Florida. Such change was a	uthorized by the corporatio	pration submits this statement for the purpose in's board of directors. I hereby accept the ap	pointment as registered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Signature, Typed or printed name of registered agent	end title if amplicable (NOTE	: Registered Agent signature required	when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	CP	☐ DELETE	1.1 TITLE		Change Addition
NAME	GORDO, JOSE ADOLPHO		1.2 NAME	·	
STREET ADDRESS	153 SEVILLA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		M Aldisian
TITLE	VCS	☐ DELETE	2.1 TITLE	•	Change Addition
NAME	GORDO NETO, JOSE ADOLPHO		2.2 NAME		•
STREET ADDRESS	153 SEVILLA AVE		2 3 STREET ADDRESS		•
CITY-ST-ZIP	CORAL GABLES FL 33134	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TiTLE		Change Addition
TITLE			3.2 NAME	,	
STREET ADDRESS			3.3 STREET ADDRESS		•
CITY-ST-ZIP			3.4. CITY-ST-ZIP		·
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Audition
NAME		•	4. 2 NAME		
STREET ADDRESS	ž		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME		•	5.2 NAME	•	
STREET ADDRESS	•		5.3 STREET ADDRESS		
CITY-ST-ZIP		רוו ארי רדר	5.4 CITY+ST-ZIP 6.1 TITLE		Change Addition
TITLE		☐ DELETE	i		Change : Addition
NAME		•	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	·	

14. I hereby certify that the information supplied with his 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, with all other like empowered.

SIGNATURE

ADOLAHO ECEDO, les. 04 27/89

(325/667-804)