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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # G16901

DANI INTERNATIONAL, INC.

(2)

## **FILED** Mar 17 1997 8:00am Secretary of State



| Principa: F1  | lace of Busmess  | Mailing Address   |  | niid ii e dan an i  |  |                             |  |
|---|--|---|--|---|--|-----------------------------|--|
| Capital Pl<br>10700 n Ke<br>Miami Fl 3<br>US  | ENDALL DR. STE 302   | Capital Plaza 1<br>10700 n Kendall dr. Ste 302<br>Miami Fl 33176-1469<br>US |  | 3. Date Incorporated or Qualified 12/29/1982  | 3a. Date of Last 11/05/1996                            |                             |  |
| 2 Princers  | al Prace of Business                                       | 2a. Mailing Address   |  |   | 4. FEI Number  |                             | Applied For                            |
|   | 59-2253279   | <u> </u>  |  |   | 59-2253279   | <del></del>                 | ot Applicable                          |
|   | Danisinternational, inc.                                   |   | 279  | al les  | <del></del>  | 60.75                       | Additional                             |
| 22  | 11921 S. Dixie Hwy., #206                                  | Suite, Apt Dani Int   | ernation   | ai, inc.<br>Hwy., #2  | 5. Certificate of Status Desired                       | 1 7 7 7                     | Required                               |
| Oity & 9  | Miami, Fl. 3315 <b>6</b>                                   | City & StateMiami,  | FI. 331  | 5 <b>6</b>  | 6. Election Campaign Financing Trust Fund Contribution |                             | May Be                                 |
| Zφ  | Country  | Zip   | Countr   | у   | 8. This corporation has liability for                  |                             |  |
| 24  | 25   | 29  | 30   |   |  | Yes No                      |  |
|   | <ol><li>Name and Address of Curren</li></ol>               | t Registered Agent  |  | · · · · · · · · · · · · · · · · · · ·   | 10. Name and Address of New Re                         | gistered Agent              |  |
| P   | PRICE, IRA   |   | 81   | Name  |  |                             | ļ                                      |
|   | 1130 SOUTH DADELAND BLVD                                   |   | 82   | Street Add  | ress (P.O. Box Number is Not Acceptal                  | ole)                        |  |
|   | Suite 1705<br>Alami Fl 33156                               |   | 83   |   |  |                             |  |
| ••  |  |   |  | l Cit   |  | ar 7:                       | Code                                   |
|   |  |   | 84   | City  |  | FL 85 Zip                   | Code                                   |
| SIGNATUR  | tions have typical responsible some relating selectings    |   | E: Registered As   | gent signature requi  | red when reinstating)                                  | DATE                        |  |
|   |  | D DIRECTORS   | 13.  |   | ADDITIONS/CHANGES TO OFFIC                             |                             |  |
| Total   | PSD  | D DIRECTORS  DELETE   | 1.1 TITLE  |   |  | CERS AND DIRECTO            |  |
| Title<br>NAMi   | PSD PEREZ, MARY E  |   | 1.1 TITLE<br>1.2 NAME  | <b>1</b>  |  |                             |  |
| THEF NAME STREET ADDRES   | PSD<br>PEREZ, MARY E<br>120 W. 50TH ST                     |   | 1.1 TITLE<br>1.2 NAME<br>1.3 STREE   | T ADDRESS   |  |                             |  |
| NAME<br>STREET ADDES<br>CITY ST. ZIP  | PSD PEREZ, MARY E  | ☐ DELETE  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-  | T ADDRESS   |  | ☐ Change                    | Addition                               |
| NAME<br>NAME<br>STREET ADDER<br>OFF STORE<br>THE  | PSD<br>PEREZ, MARY E<br>120 W. 50TH ST                     |   | 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE   | T ADDRESS<br>ST-ZIP   |  |                             | Addition                               |
| NAME STREET ADDRE CITY STORY THE  | PSD<br>PEREZ, MARY E<br>120 W. 50TH ST<br>HIALEAH FL 33014 | ☐ DELETE  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-<br>2.1 TITLE<br>2.2 NAME   | T ADDRESS<br>ST-ZIP   |  | ☐ Change                    | Addition                               |
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inforced in a sugar on a symmetric prior of supplemental an insperior is true and accurate and that my signature shall have the same legal effect as it made under of a many supplemental that my have the service of the corporation or the receiver of these endowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 42 or Block 13 if changed, of or an attay many with an address.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e Wary Perez. President 1-19-97