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

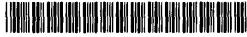
DOCUMENT #

1. Corporation Name G49590

(4)

DAMARIS ENTERPRISES, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					a indiviti dibit Banan tariki dirith rditi adat ani	IN CHRIN BIRIN BLON GLON GROW BIRIN HORE
169 E. FLAGLER STREET MIAM FL 33131 US 169 E. FLAGLER STREET MIAM FL 33131 US US			TT .	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 07/18/1983	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26 /7/00 60/	ins h	2vc	59-2304200	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 //8 - 208	27 118-808		5. Certificate of Status Desired	\$8.75 Additional Fea Required
City & State		City & State	28 Minni, TC.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country		8. This corporation owes or has paid the current year Intangible	
24	25	29 33/00	30		Personal Property Tax due June 30, Yes No	
	g. Name and Address of Curr	ent Registered Agent	 -	41 41	10. Name and Address of New Regist	ered Agent
i e	EITMANN, CHAIM		8	1 Name		
	I PO INCIANA ISLAND DR. RTH MIAMI BEACH FL 33160		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
110	HITI WILMIN DENOTIFE 35100		8	3		
			В	4 City		FL 85 Zip Code
office or re	to t he provisions of Sections 607.05 ogi <mark>ste</mark> rod agent, or both, in the Sta m f am iliar with, and accept the obli	te of Horida, Such change was	authorized I	by the corpor	orporation submits this statement for the purp ration's board of directors. I hereby accept th	ose of changing its registered
SIGNATURE						
	Signature typed or printed name of registered a			gent signature re:	· · · · · · · · · · · · · · · · · · ·	AND DIDECTORS IN A
12. TITLE	D OFFICIAS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	GLEITMANN, CHAIM		1.2 NAM	Į.		
STREET ADDRESS				ET ADDRESS		{
CITY-ST-ZIP	N. MIAMI BCH FL	1.	1.4 CHY			
TITLE	T T	DELETE	2.1 TITLE			Change Addition C
NAME	GLEITMANN, REGINA		2.2 NAM	ì		
STREET ADDRESS	441 POINCIANA ISLAND DE	}		ET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH FL	••	2. 4 D/TY			i
TITLE	THE VEHICLE CONTRACTOR	DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	[·
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE	***	DELETE	4.1 1ITUE			Change Addition
NAME			4. 2 NAM	ŧ		
STREET ADORESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	- \$1- ZIP		
TITLE	_	DELETE	5.1 TITLE		·	☐ Change ☐ Addition
NAME			52 NAMI			75
STREET ADDRESS			53 STRE	ET ADDRESS		5.14
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE		DELETE	6.1 1111.6		100 100 100 100 100 100 100 100 100 100	Change Addition
NAME (//	6.2 NAM		8000 02526 -05/18/9801041-	- U14
STREET ADDRESS		\mathcal{A}		ET ADDRESS	***150.00	U14
CITY-ST-ZIP			6.4 CHY			
14. I hereby c	ertify that the information supplied	with this filing clock not qualify.	or the exer	ption stated	in Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the information

indicated on this annual report or supplemental annual re-officer or director of the corporation or the receiver or trust Block 12 or Block 13 if changed, or on an attachinent with and that my signature shall have the same legal effect as if made under oath, that I am an ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in