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**Secretary of State** 

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G60211

1. Corporation Name

DCA BUILDER ISSUER, INC.

Principal Place of Business Mailing Address % DAVID B. MCCAIN, ESO % DAVID B. MCCAIN, ESQ. 700 NW 107TH AVENUE 4TH FLOOR 700 NW 107TH AVENUE 4TH FLOOR DO NOT WRITE IN THIS SPACE MIAMI FL 33172 MIAM! FL 33172 3. Date Incorporated or Qualifed 09/16/1983 Applied For 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Not Applicable 30 NW 107 avenue 26 59-2329951 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. П 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing  $\Box$ Added to Fees Trust Fund Contribution 28 23 Country Zip This corporation owes the current year Intangible ☐ Yes □No USA 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Name and Address of Current Registered Agent 81 MCCAIN, DAVID B., ESQ. Street Address (P.O. Box Number is Not Acceptable) 82 700 NW 107TH AVENUE 4TH FLOOR 83 **MIAMI FL 33172** 84 City Zip Code F 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ Change ☐ DELETE 1.1 TITLE TITLE DV 1.2 NAME NAME REED. LINDA 1.3 STREET ADDRESS STREET ADDRESS 700 N.W. 107TH AVE. MIAMI FL 33172 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition DELETE Change ( 2.1 TITLE TITLE DPC exor, Allan J. 22 NAME NAME PEKOR, J. ALLEN 130 N.W. 107 Ave 2.3 STREET ADDRESS 700 N.W. 107TH AVE. STREET ADDRESS 33172 2.4 CITY-ST-ZIP MIAMI FL 33172 Miami CITY-ST-ZIF Change Addition DELETE 3.1 TMLE TITLE as 3.2 NAME IRVINE. PATRICIA NAME 3.3 STREET ADDRESS 700 N.W. 107TH AVE. STREET ADDRESS 3.4. CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP Addition ☐ DELETE 41 TITLE TITLE VASC Kanunsky, Mancy KAMINSKY, NANCY 4.2 NAME NAME 730 MW 107 avenue 4.3 STREET ADDRESS 700 N.W. 107TH AVE. STREET ADDRESS Mianie FL 33172 MIAMI FL 33172 4.4 CITY+ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 5.1 TITLE TITLE TAS Junos Dance nue 5.2 NAME NAME MUNOZ, JANICE 5.3 STREET ADDRESS 700 N.W. 107TH AVE. STREET ADDRES Marie Fr 33172 5.4 CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE

14. I 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 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 of 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MODIST, DEBRA

700 NW 107 AVE

MIAMI FL 33172

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