FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)G83210 **DOCUMENT #** Corporation Name D.A.T.R. SALES, INC. Mailing Address Principal Place of Business 12260 SW 30TH ST. 12260 SW 30TH ST. MIAMI FL 33175 MIAMI FL 33175 3a. Date of Last Report 3. Date Incorporated or Qualified 07/10/1995 02/03/1984 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2371901 Not Applicable 26 21 \$8.75 Additional Suite Ant. #. etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Z_{W} Zιρ ☐ Yes ☐ No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) COOPER, DANIEL 82 12260 S W 30TH ST 83 **MIAMI FL 33175** 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.05.02 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Franki Statutes. SIGNATURE IN THE RESIDENCE A POLICY Signature, typest or promote native of registere Largert and the utanspective ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.131008 TITLE 1.2 NAME COOPER, DANIEL NAME 1.3 STREET ACCRESS 12260 SW 30TH ST. STREET ADDRESS 1.4 CITY - \$1 - ZIF MIAMI FL CITY-ST-ZIP Change Addition DELETE 2 1 THE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CHY-ST-ZIF CITY - ST - ZIP ☐ Change Addition DELETE 3 111116 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY - ST- ZIP CITY - ST - ZIP Change Add-tion DELETE 4 1 TI*LF TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C:1Y - S1 - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 THEF TITLE NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 City - St. ZiP CITY-ST-ZIP Addition ☐ Change 6 1 DELE DELETE TITLE NAME

CITY-ST-2P

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this amount report or suppliemental 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 of director of the officer all more than receiver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes, and that my name appears in Block 12 or picket, 13 if changed, or or an attachment with an address.

6.3 STREST ADDRESS

SIGNATURE

STREET ADDRESS

ATURE AND PRED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Coopen 7-31-96

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