

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G89736 (4)
1. Corporation Name
D & A, INC.

Principal Place of Business Mailing Address
4808 N.W. 7TH AVENUE MIAMI FL 33127-2338

DO NOT WRITE IN THIS SPACE.

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/01/1984 | 3a. Date of Last Report 04/21/1994 |
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|--|
| 2. Principal Place of Business 21 4905 NW 7th Ave. | 2a. Mailing Address 26 4905 NW 7th Ave |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State Miami, Fl. | 28 City & State Miami, Fl. |
| 24 Zip 33127 | 25 Country U.S.A. |
| 29 Zip 33127 | 30 Country U.S.A. |

| | | | |
|--|-----------|--|--|
| 9. Name and Address of Current Registered Agent CAREY, ADONIS L. 4905 N.W. 7TH AVENUE MIAMI FL 33127 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | |
| 84 City | FL | 85 Zip Code | |

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) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|-------------------------------------|---|---|
| TITLE VTS | NAME CAREY, ADONIS L. | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 4905 N.W. 7TH AVENUE | CITY - ST - ZIP MIAMI FL | 1.2 NAME | |
| TITLE PD | NAME CAREY, ANDREW N. | 1.3 STREET ADDRESS | |
| STREET ADDRESS 4905 N.W. 7TH AVENUE | CITY - ST - ZIP MIAMI FL. | 1.4 CITY - ST - ZIP | |
| TITLE | NAME | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | NAME | 2.2 NAME | |
| CITY - ST - ZIP | STREET ADDRESS | 2.3 STREET ADDRESS | |
| TITLE | NAME | 2.4 CITY - ST - ZIP | |
| STREET ADDRESS | NAME | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | NAME | 3.2 NAME | |
| TITLE | NAME | 3.3 STREET ADDRESS | |
| STREET ADDRESS | NAME | 3.4 CITY - ST - ZIP | |
| CITY - ST - ZIP | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | NAME | 4.2 NAME | |
| STREET ADDRESS | NAME | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | NAME | 4.4 CITY - ST - ZIP | |
| TITLE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | NAME | 5.2 NAME | |
| CITY - ST - ZIP | NAME | 5.3 STREET ADDRESS | |
| TITLE | NAME | 5.4 CITY - ST - ZIP | |
| STREET ADDRESS | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP | NAME | 6.2 NAME | |
| TITLE | NAME | 6.3 STREET ADDRESS | |
| STREET ADDRESS | NAME | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adonis L. Carey **4/19/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #