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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G97948

(5)

DAVIT SALES, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 10 1997 8:00am Secretary of State



8272 NW S RIV MIAMI FL 3316		8272 NW S RIVER ( Miami Fl 33166	8272 NW S RIVER DR MIAMI FL 33166					
						3. Date Incorporated or Qualified 04/10/1984	3a. Date of Last 03/12/1996	Report
2. Principal P	lace of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number		Applied For
21		26	26			59-2430271	<u> </u>	lot Applicable
Suite Apt.	#, etc	Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State	<b>⊢</b> ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Ζφ	Country 25	Zip 29	p Cour			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	9. Name and Address of C					10. Name and Address of New Registered Agent		
				81 Name				
	Der, David e. 2 NW s river dr				dress (P.O. Box Number is Not Acceptable)			
MIA	WI FL 33166			83		(		
				84	City		FL 65 Zip	Code
office or r	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	State of Florida, Such change	was authorized	d by	the corpora	poration submits this statement for the particular points board of directors. I hereby acceptions	irpose of changing t the appointment a	Its registered is registered
SIGNATURE.	Signature, typed or printed name of registe	real agent and rite if suplicable	(NOTE Registered	d Age	nt signature regu	wed when reinstating)	DATE	
12.	······································	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		DRS IN 12
TITLE	DPT	DELE	TE 1.1 T(	TLE			☐ Change	
NAME	SNYDER, DAVID E.		1.2 N	AME				
STREET ADDRESS	8272 NW S RIVER DR		1.3 \$1	1.3 STREET ADDRESS				
CHY-SU-20P				TY-S	T - 79P			Í
TITLE	DVS	☐ DELE					☐ Change	Addition
NAME	LINARES, VICTOR L.		22 N	2 2 NAME				
STREET ADDRESS	8272 NW S RIVER DR		2351	23 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL		2 4 CITY+ST-ZIP		ST-ZIP			
TOLE				3 1 TITLE			Change	☐ Addition
NAME			3.2 N/	AME				J
STREET ADDRESS			3.3 S1	TREET	ADDRESS			
CITY - ST - ZIP			3.4 C	ITY-S	ST- <b>2</b> IP			
TITLE		☐ DELE	TE 4.1 TC	TLE			Change	Addition
NAMÉ			4. 2 N	AME				
STREET ADDRESS			4.3 S1	TREET	ADDRESS			3
CITY - ST - ZiP			4.4 CI	ITY-S	T-ZIP			
TITLE		☐ DELE	TE 5.1 TI	TLE			☐ Change	Addition
NAME			5.2 N/	AME		e e		
STREET ADDRESS			5.3 ST	TREET	ADDRESS			
CITY-ST-ZIP			5.4 CI	ITY - S	T-ZIP			
TITLE		☐ DELE	TE 6.1 TI	TLE	1		Change	Addition
NAME			6.2 N	AME				ļ
STREET ADDRESS			6.3 ST	TREET	ADDRESS			. ]
CITY-ST-ZiP			6.4 CI	TY-S	T-ZIP			

I do 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 or 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.

SIGNATURE: