## 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 # H76058

(7)

DCA CML ACCEPTANCE, INC.

FILED
Apr 22 1997 8:00am
Secretary of State

Principa' Pla	ice of Business	Mailing Address				
% MORRIS J. WATSKY. ESO. 700 N.W. 107TH AVENUE MIAMI FL 33172		% Morris J. Watsky. Eso. 700 n.w. 107th avenue Miami Fl 33172-3161				
					3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996	
2. Principal	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
21		26			<b>59-2581647</b> Not Applicab	
Suite, Ap	ot #, etc	Suite, Apt. #, etc.			<b>5.</b> Certificate of Status Desired Sectional Fee Required	
City & St 23	ale	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees	
Ζφ 24	Country 25	7ip 29 3	Countr 30	у	This corporation has liability los intengible tax under s. 199.032,     Florida Statutes	
9. Name and Address of Current Registered Agent				···	10. Name and Address of New Registered Agent	
W	ATSKY, MORRIS J., ESQ.		81	Name		
700 N.W. 107TH AVENUE MIAMI FL 33172			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
			83		And the second s	
			84	City	FL 85 Zip Code	
office o	it to the provisions of Sections 607.05 r registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was au	uthorized b	v the corpor	orporation submits this statement for the purpose of changing its registere ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
10	Signature: typed or printed harne of ingistered a	ND DIRECTORS (NOTE:	Registered Ap	ent signalure req	quired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	DC OFFICENS A	DELETE	1.1 TITLE		Change Addition	
NAME	MILLER, LEONARD		1.2 NAME		En compo	
518EET ADDRESS				T ADORESS		
i incrisorers	SAIASAI EI	•	1.3 31000	. I ADORESS		

CHY-ST-7IP MIAMI FL 1.4 CITY - \$T - ZIP DELETE Change Addition HILE 21 TITLE SAINOTZ, STEVEN J. NAME 2.2 NAME 700 NW 107TH AVE, 4TH FL 2.3 STREET ADDRESS STREET ADORESS MIAMI FL 011Y-\$1-ZIE 2.4 CITY-ST-ZIP DELETE 31 TITLE Change \_\_\_ Addition LIDE MODIST, DEBRA 3.2 NAME NAME 700 NW 107 AVE SPREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE Change Addition THE 4.1 TITLE MUNOZ, JANICE NAME 4. 2 NAME 700 NW 107TH AVE, 4TH FL STREET ADORESS 4.3 STREET ADDRESS MIAMI FL 4.4 CITY - ST - ZIP CHY-S1 701 DELETE 51 TITLE Change Addition EHE KAMINSKY, NANCY NAME 5.2 NAME 700 NW 107TH AVE, 4TH FL STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CHY-SI-20 5.4 CITY - ST - ZIP DELETE Change Addition THE VS 6.1 TITLE REED, LINDA 6.2 NAME NAME 700 NW 107TH AVE STREET ADDRESS **6.3 STREET ADDRESS** MIAMI FL 6.4 CITY - ST - ZIP

14. 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 and cated 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 eath; 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 ghanged, or on accattachment with an address.

SIGNATURE:

SIGNATURE AND TYPEY OR PRINTED NAME OF

Debra Modist

1-13-97

(305)229-6400

CR2E034 (9/96)