

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

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90008 039 \*\*\*150.00

DOCUMENT # H76058

1. Corporation Name

DCA CML ACCEPTANCE, INC.

Principal Place of Business

% DAVID B. MCCAIN, ESQ.  
700 N.W. 107TH AVENUE  
MIAMI FL 33172

Mailing Address

% DAVID B. MCCAIN, ESQ.  
700 N.W. 107TH AVENUE  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1985

4. FEI Number

59-2581647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 700 NW 107 Ave

Suite, Apt. #, etc.

22 City & State

23 Miami FL

24 Zip 33172 25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MCCAIN, DAVID B., ESQ.  
700 N.W. 107TH AVENUE  
MIAMI FL 33172

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AS ☐ DELETE  
NAME IRVINE, PATRICIA  
STREET ADDRESS 700 NW 107TH AVE, 4TH FL  
CITY-ST-ZIP MIAMI FL 33172

TITLE DCP ☐ DELETE  
NAME PEKOR, ALLEN J.  
STREET ADDRESS 700 NW 107TH AVE, 4TH FL  
CITY-ST-ZIP MIAMI FL 33172

TITLE VS ☐ DELETE  
NAME MODIST, DEBRA  
STREET ADDRESS 700 NW 107 AVE  
CITY-ST-ZIP MIAMI FL 33172

TITLE VT ☐ DELETE  
NAME MUNOZ, JANICE  
STREET ADDRESS 700 NW 107TH AVE, 4TH FL  
CITY-ST-ZIP MIAMI FL 33172

TITLE DVAS ☐ DELETE  
NAME KAMINSKY, NANCY  
STREET ADDRESS 700 NW 107TH AVE, 4TH FL  
CITY-ST-ZIP MIAMI FL 33172

TITLE VD ☐ DELETE  
NAME REED, LINDA  
STREET ADDRESS 700 NW 107TH AVE  
CITY-ST-ZIP MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra Modist

11/2/99 305-229-6400

Date

Daytime Phone #

CR2E034 (11/98)

0247407