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

**PROFIT** 

Apr 03 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J07712 (9)DALMAR, INC. Principal Place of Business Mailing Address 943 SW 78TH PL 943 SW 78TH PL MIAMI FL 33144 MIAMI FL 33144 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2686112 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible No. Personal Property Tax due June 30. Yes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTOS, DALBIO 943 SW 78TH PL 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33144** 83 84 City Zip Code 85 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 Flugistered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change TITLE 11 TITLE MARTOS, DALBIO NAME 1.2 NAME 943 SW 78TH PL STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE VSD 2.1 TITLE Change Addition TITLE MARTOS, REGLA NAME 2.2 NAME 943 SW 78TH PL STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CiTY - ST - ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 trusted 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.

Bonla Martas

ELORIDA DEPARTMENT DE STATE

**FILED**