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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J78740**

1. Corporation Name

Principal Place of Business

DANIAL & ASSOCIATES, INC.

% NAGUIB F. DANIAL 9900 SW 168TH ST. STE 7 MIAMI FL 33157				% NAGUIB F. DANIAL 9900 SW 168TH ST. STE 7 MIAMI FL 33157					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  06/19/1987					
2. Principal Pl	Mailing Address					4.	FEI Number			Applied For				
21				26						59-2828163			lot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	Certificate of Status Desired			Additional Required	
22				City & State					-	Election Campaign Financing	. 7		0 May Be	
City & State				28					0.	Trust Fund Contribution			to Fees	
Zip Country				Zip Çountry					R	This corporation owes the cur	rent vear Inta			
24		25	29	¬ ˙			,			Personal Property Tax.	Tom your man	☐ Yes	□No	
24		and Address of Current		ered Agent	1001	T			10.	Name and Address of New	Registered A	gent		
<del>-</del>		81	Nar	ne										
DANIAL, NAGUIB F.						82	Ctr	ot Addre		P.O. Box Number is Not Accept	table)		<del></del>	
6150 S.W. 63RD COURT							Stre	et Aggre	955 (F	P.O. BOX NUMBER IS NOT Accep	iabie)		ļ	
MIAN	MI FL					83								
						84	City	<del>-</del>			FL	85 Zij	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  Storetive wined or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE														
Signature, typed or printed name of registered agent and title if applicable. (NOTE:  12. OFFICERS AND DIRECTORS							-			ADDITIONS/CHANGES TO O	FFICERS ANI	DIRECT	ORS IN 12	
TITLE	PD	OT TOLINO 7 WI	<i>-</i>	DELETE	13.	TLE						Change	Addition	
NAME		NAGUIB F.			1.2 N									
STREET ADDRESS	0450 0 14	. 63RD COURT					1.3 STREET ADDRESS						}	
CITY-ST-ZIP	MIAMI FL						1.4 CITY-ST-ZIP							
TITLE	VD	<u> </u>		☐ DELETE	2.1 17		,	1				Change	Addition	
NAME	[	MARTHA K.			2.2 N	AMF							J	
STREET ADDRESS	6150 S.W. 63RD COURT					2.3 STREET ADDRESS								
- CITY-ST-ZIP	MIAMI FL				2.40	TY-S	T-ZIP	= -	-			-		
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NAME					4.21	AME		1						
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CITY-ST-ZIP	<u></u>				4.4 C	TY-S	T-ZIP							
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NAME					5.2 N	AME							}	
STREET ADDRESS							TADDRI	ESS					1	
I	1				F 4 ^	m/ c	T 710	- 1					j j	

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

DELETE

(305) 251-2600

☐ Change

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90011 004 \*\*\*150.00