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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K06184

(1)

DANFE DEVELOPMENT CORPORATION

FILED
May 08 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address					- r dežiliji) dir adira dirat libbi delit drat milil	ELBIT BIÐIT RÍÐIT BIÐIT ÐIÐIT TÐÐI
% FELIX J SANCHEZ % FELIX J SANCHEZ						-
2290 W. 1ST AVE 2290 W. 1ST AVE HIALEAH FL 33010-2202 HIALEAH FL 33010-2202			מר		DO NOT WRITE IN THIS SPACE	
	76.4 2242	I III I PER TOTAL PER TOTA			3. Date Incorporated or Qualified	
				_	12/10/1987	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	- 		65-0066378	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Register	ed Agent
SANCHEZ, FELIX				Name		
2290 W. 1ST AVE			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33010			83			
1			63			
			84	City		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 5	lignature, typed or printed name of registered ag	ent and title diapplicable (IN	O11 Registered Agent	signature required	d when reinstating) DA	E
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	<u> </u>
TITLE	PSTD	DELETE	1.1 TITLE	3		Change Addition
NAME	4,		1.2 NAME		reya Sauchaz	a
STREET ADDRESS			1.3 STREET A	DDRESS 220	90 w 1st Avanue	إ
CITY-ST-ZIP	HIALEAH FL		1.4 CITY - ST -		Alah , 61 33010	
TITLE	M AMOUET FELIX	☐ DELETE	2.1 TITLE	AP	and the second second	Change
NAME	\$ ANCHEZ, FELIX 229 0 W. 1ST AVE		2.2 NAME		ik J. SANCHEZ	
STREET ADDRESS	HIALEAH FL		2.3 STREET A		ac in 144 hours	\
CITY-ST-ZIP TITLE	MALEAN FL	DELETE	2. 4 CITY-ST	· ZIP HTO	Algan, FI 33010	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A	DDRESS		
CITY-ST-ZIP			3.4. CITY - ST-	ŀ		
TITLE		☐ DELE TE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	DDRESS		
CITY-ST-ZIP		,	4.4 CITY - ST -	ZIP		
TITLE		DELETE	5.1 TITLE	1		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AL	DDRESS		
CITY-ST-ZIP		TTone-	54 CITY-ST-	ZIP		
TITLE		DELETE	61 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET AL	l l		
CITY-ST-ZIP			6.4 CITY-SI	ZIP	N. 1. 140 07/04/1 El 13 01 1 1 1 1 1 1	

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 eath; that I am an officer or director of the corporation of 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 or an attachment with an address.

NONATURE DELLAND

11/20/08

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