

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 30 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # *K26623*
 1. Corporation Name
 Denaka Management Services, Inc.

Principal Place of Business Mailing Address
 669 West 14th Street
 Hialeah, FL 33010

DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|------------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 6/21/88 | | 65-0066112 | | Not Applicable | |
| 22 Suite, Apt. #, etc | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | | | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees | | | |
| 24 Zip | | 25 Country | | 29 Zip | | 30 Country | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| 24 | | 25 | | 29 | | 30 | | Yes No | |
| | | 33131 | | USA | | | | Yes No | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| Dario Navarro 669 West 14th Street Hialeah, FL 33010 | | | | 81 Name Robert A. Brandt | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 1110 Brickell Avenue PH-1 | | | |
| | | | | 83 | | | |
| | | | | 84 City Miami | | | |
| | | | | FL 85 Zip Code 33131 | | | |

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]* Robert A. Brandt, Reg. Agent 7/24/98
Signature of the registered agent and his or her applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D/VP/S <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Dario Navarro | 12 NAME | |
| STREET ADDRESS | 669 West 14th Street | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Hialeah, FL 33010 | 14 CITY-ST-ZIP | |
| TITLE | D/P <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Robert A. Brandt | 22 NAME | |
| STREET ADDRESS | 555 NE 15th Street # 709 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Miami, FL 33132 | 24 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | 100002607231 |
| STREET ADDRESS | | 53 STREET ADDRESS | -08/04/98-01072-035 |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | ***558.75 |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I 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 contained in 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, director, or trustee of the corporation or the treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or in Block 13. (Change or delete an agent with an address)

SIGNATURE: *[Signature]* Robert A. Brandt, President 305-374-2202

CR2E034 (5/98)

PE
7-30