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

DOCUMENT # K26623

DENAKA MANAGEMENT SERVICES, INC.

Mailing Address Principal Place of Business 1110 BRICKELL AVE 669 W 14TH ST HIALEAH FL 33010 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 3. Date Incorporated or Qualifed 06/20/1988 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0066112 26 21 Suite, Apt, #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired - . Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip 8. This corporation owes the current year Intangible Zip Country [No Personal Property Tax. ☐ Yes 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRANDT, ROBERT Street Address (P.O. Box Number is Not Acceptable) 82 1110 BRICKELL AVE PH-1 83 MIAMI FL 33131 Zip Code 84 85 City 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. \$ 45 8 S. O. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ Change DELETE 1.1 TITLE TITLE DP 1.2 NAME NAME BRANDT, ROBERT A. 1.3 STREET ADDRESS STREET ADDRESS 555 NE 15 ST., #709 **MIAMI FL 33132** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAVARRO, DARIO NAME 2.3 STREET ADDRESS STREET ADDRESS 669 W 14TH ST HIALEAH FL 33010 2.4 CiTY-ST-ZIP CITY-ST-ZIP Maddition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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, even an attachment with an address, with all other like empowered.

62 NAME

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ATTIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

H119199

305 374 2202

Change

☐ Addition

Daytime Phone #

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90139 002 ***150.00