## 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

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90027 028 \*\*\*150.00

1. Corporation	MENT # K48441 DART, INC			
Principal Place	of Business	Mailing Address		ובטי וישים וומוס ווסים וושאם זומנס נוסום גתנו נסטוס ווסנס וונטי נסטוס וומ וומוסקום ווידים ווידים ווידים ווידים
% MICHAEL ORTIZ. PA 2665 SOUTH BAYSHORE DR. SUITE 802 MIAMI FL. 33133 — US		% MICHAEL ORTIZ. PA <del>2665 South Bayshore Dr. Suite 802-</del> <del>-Miami Fl 33133-</del> US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
				12/01/1988
2. Principal Place of Business		2a. Mailing Address .		4. FEI Number Applied For
21 328 Minorca Avenue		26 328 Minorca Avenue		59-2922711   Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 2nd Floor		5. Certificate of Status Desired Security Fee Required
City & State		City & State  28 Coral Gal	bles. FI	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country -	Zip	Country	8. This corporation owes the current year Intangible
24 33134		29 33134 30	USA:	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
ORTIZ, MICHAEL <del>-2665 SOUTH BAYSHORE DR:</del> <del>SUITE 902-</del>			83	at Address (P.O. Box Number is Not Acceptable)  Minorca Avenue
MIAMI FL 33131 -			84 City	Floor:
Coral Gabl				ral Gables FL 33134
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	) / K			
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	hange ☐ Addition
NAME	ORTIZ, MICHAEL		1.2 NAME	328 Minorca Avenue, 2nd Floor
STREET ADDRESS	2665 S BAYSHORE DR #902		1.3 STREET ADDRES	S Coral Gables, FL 33134
CITY-ST-ZIP	MIAMI FL-		1.4 CITY-ST-ZIP	
TITLE	,	☐ DELETE	2.1 TITLE	S Change A Addition
NAME			2.2 NAME	Lissette Benitez
STREET ADDRESS			2.3 STREET ADDRES	328 Minorca Ave., 2 FL, Coral Gables, FL
CITY-ST-ZIP	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ DELETE	3.1 TITLE	Change Addition
NAME		• " • -	3.2 NAME	The second secon
STREET ADDRESS			3.3 STREET ADORES	s
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		□ DELETE	41 TILE	☐ Change ☐ Addition

6.4 CITY-ST-ZIP 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MREMichael Orto

DELETE

☐ DELETE

Addition

Addition

[] Change

\_\_\_ Change