FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996			./ Di	DIVISION OF CORPORATIONS								
DOCUN		K7981	7	(8)								
DADE	INVESTMENT	S INC.										
Principal Place o	of Business		Mailing Addre	oss		•		-				
2206 HOLLYWOOD BLVD			2206 HOLLYWOOD BLVD									
HOLLYWOOI	D FL 33020			OOD FL 3300								
								3.	Date Incorporated or Qualified	3a. Date of I		
2. Principal Plac	e of Business		2a. Mailing Ad	idross					04/12/1989 FEI Number	<u>U3/</u>	17/19	Applied For
21	o De Militario		26	30.000				1	65-0116267			Not Applicable
Suite, Apt. #,	, etc.		Suite, Apt	. #, etc.		•		5.	Certificate of Status Desired	□ \$	8.75	Additional
22			27									Required
City & State 23			City & Sta	ite				6.	Election Campaign Financing Trust Fund Contribution			D May Be i to Fees
Zφ	Co.	ırıtry	Ζφ		Country	/	····	8.	This corporation has liability for	intangible tax ur		
24	[25]		29		30					□ No	·	
}	9. Name and Ad	Idress of Current P	tegistered Age	nt	81	τ_	Name	10.	Name and Address of New R	legistered Age	nt	
NAANIT!	A DOCC					l	•					
	la, ross Ollywood blv	Th.			82		Street Addre	ess (P.	O. Box Number is Not Acceptab	ole)		
	NOOD FL 33020				83	┪		· · ·				
					84	١.,	City			8	s Zir	Code
						L				PL		
11. Pursuant to or registere	the provisions of S diagent, or both, in	ections 607.0502 an the State of Florida.	id 607.1508, Flo Such change w	onda Statute as authorize	s, the above i d by the corp	nai or	med corpora ation's board	ation s d of di	ubmits this statement for the pur rectors. I hereby accept the app	rpose of changir ointment as regi	ig its ri stered	egistered office agent. Lam
familiar with	i, and accept the ob	oligations of, Section	607.0505, Flori	da Statutes.						_		_
SIGNATURE s	l jinah ne, typeck ör umrted n	ane of regulacid agent and	Title if appir able	(NO)	t. Ringistered Ager	nis	ignature recured	Iwhen re	instaling)	DATE		
12.		OFFICERS AND D			13.				ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTC	RS IN 12
HI.E	PSD			DELETE	1. 1 TITLE					□ c	hange	Addition
NAM(BENOIT, REA				1.2 NAME							
STREET ADDRESS	17801 N BAY MIAMI BEAC				1.3 STREET							
CHY-ST ZIP	VTD	<u> </u>	n	DELETE	1.4 City - 9 2 1 Title		201			ПС	hange	☐ Addition
NAME	ROBIDOUX,	CLAUDE			2.2 NAME					_	•	_
SPR:FF ADDRESS	17800 N BA				2 3 STREF	I A[DDRESS					
CITY-ST-ZIP	MIAMI BEAC	H FL			2 4 CITY - 9	*	ZIP					
TIFLE				DELETE	3 1 TITLE					<u>□</u> c	nange	Addition
NAME STREET ADDRESS					3 ? NAME		riesecce					
CID+51-2if					3.3 STREE 3.4 CHY-5							
THE				DELETE	4.1 TITLE						hange	☐ Addition
NaMf					4 2 NAME							
STREET ADDRESS					4.3 STREET							
CITY ST ZIP			F-1 (NC) C1C	4 4 City - S		ZIP				hao en	□ Addison
THEF NAME			LI	DELETE	5 1 TITLE 52 NAME					ריין ני	hange	☐ Addition
STREET ADDRESS					5.3 STHEET		DDHESS					
City-S1-ZiP					5.4 GITY- S							
Tales				DELETE	6 1 TITLE	_					hange	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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 13 if changed, or on an attachment with an address.

62 NAME

63 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

NAME STREET ADDRESS

OHY - \$1 - ZiP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICE

Claude Robidoux

Daytime Phone #

stare Phone #

;R2E034 (12/9