Mar 02, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS-

DOCUMENT # K81820

1. Corporation Name

DADE C	UNTHACTING, INC.									
Principal Place	e of Business	Mailing Address					IRI IRIIR ITRII			ALANA OFOEN LOUI
7921 NW SOUT	th river dr.	7921 NW SOUTH RIVER D	OR.							
STE. 120 STE. 120					}					
MEDLEY FL 33166 MEDLEY FL 33166							OT WRITE	IN THIS S	PACE	
US		US			I	te Incorporated or C	Qualifed			
<u> </u>						/20/1989				
⊢ ¬ '	lace of Business	2a. Mailing Address			1	Number		,	_ 	plied For
21	#	26			00	-0113522			_ 	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Cer	rtifcate of Status De	sired [VZ	\$8.75 A	
City & State		City & State								
23	G	28				ction Campaign Fin ist Fund Contributio	-	J	\$5.00 Added t	,
Zip	Country	Zip	Country		-	s corporation owes		year Inton		<u>01003</u>
24	25	29	30			rsonal Property Tax			igibie ∐Yes	Mo
	9. Name and Address of Curre		1301			me and Address of				
<u> </u>			81	Name						
l	A, LUIS F.			01 14	dd (D.O.)	n	A			
9455	S S.W. 44TH STREET		82	Street A	adress (P.O.)	Box Number is Not	Acceptable	9)		
MAN	WI FL 33165		83					_		
			84	City				FI	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statu	tes, the above	-named o	orporation suf	bmits this statemen	for the pu	rpose of cl	nanging its	registered
office or r	egistered agent, or both, in the State	of Florida, Such change was :	authorized by t	he como	ration's board	of directors. I here!	oy accept the	ne appoint	ment as re	gistered
agent La	m familiar with and accept the oblig	ations of Section 607 0505 Ek	vida Statutes	o 00.po		0. 000.0				-
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607,0505, Fk	orida Statutes.							
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607,0505, Fk	orida Statutes.					DATE		
agent. I a	m familiar with, and accept the oblig- Signature, typed or printed name of registered ag OFFICERS A	ations of, Section 607,0505, Fk	orida Statutes.		quired when reinsta	uting)		DATE ERS AND	DIRECTO	PRS IN 12
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agent. I a	m familiar with, and accept the oblig- Signature, typed or printed name of registered age OFFICERS AI PSD LARA, LUIS F.	ations of, Section 607,0505, Fk ent and title if applicable. (NOTI ND DIRECTORS	: Registered Agent	signature re-	ADD	ning) HTIONS/CHANGES President F LACA	TO OFFIC	DATE ERS AND	DIRECTO	DRS IN 12
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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 ampowered 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 efforther like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

301-597-0204