## · 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 #

1. Corporation Name

DAZ INVECTMENTO INC

HANZI HAVESTIMENTS, HACI		
Principal Place of Business	Mailing Address	
% Gaston R. Alvarez 3331 N.W. 19th Terrace Viami Fl 33125	% GASTON R. ALVAREZ 3331 N.W. 19TH TERRACE MIAMI FL 33125	
2. Principal Place of Business	2a. Mailing Address	

Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State

Country Zip Country 30 29 9. Name and Address of Current Registered Agent

## **FILED** Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90019 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed <u>04/24/1989</u> 4. FEI Number Applied For 65-0268 136 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 8. This corporation owes the current year intangible □No Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent

ALVAREZ, GASTON R. 3331 N.W. 19TH TERRACE **MIAMI FL 33125** 83

Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code

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.

81

SIGNATURE					<u> </u>		
	Signature, typed or printed name of registered agent and title if applicable		tegistered Agent signature re	equired when reinstating)	DATE		•
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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 attackment with an address, with all other like empowered.

(305/6364227