## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

**FILED** May 01 1998 8:00am Secretary of State

| DANPC   | OL INVESTMENTS, INC.   |   |   |  |                                  |                    |  |  |  |
|---|--|---|---|--|----------------------------------|--------------------|--|--|--|
| Principal Plac  | e of Business  | Mailing A   | Address   |  |                                  |                    |  | } I JOOLION OOK ISBIL INDIN DIIND SIIIOK DIIN BIBSI AIBIK DIDIN DIDIN DIDIN DIDIN DIDIN  |  |
| 520 BRICKEL   | L KEY DRIVE  | 520 RRI   | CKELL KEY DRIV  | Æ                                      |                                  |                    |  |  |  |
| SUITE 0-305 SUITE 0-305 MIAMI FL 33131 MIAMI FL 33131 |  |   |   |  |                                  |                    |  | DO NOT WRITE IN THIS SPACE   |  |
|   |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,             |   |  |                                  |                    |  | 3. Date Incorporated or Qualified  |  |
|   |  |   |   |  |                                  |                    |  | 09/22/1989   |  |
| Principal Place of Business     2a. Mailing Address   |  |   |   |  |                                  |                    |  | 4, FEI Number Applied For  |  |
| 21  |  | 26  |   |  |                                  |                    |  | 65-0168302 Not Applicable  |  |
| <u> </u>  |  |   | Suite, Apt. #, etc.                                   |  |                                  |                    |  | 5. Certificate of Status Desired S8.75 Additional  |  |
| City & State  | & State  |   |   |  |                                  | Fee Required       |  |  |  |
|   | e  | — ·   | City & State  |  |                                  |                    |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |  |
| Zip   | Country  | 28 Zin  | Zip Country   |  |                                  |                    |  |  |  |
| 24  | 25   | 29  |   | 30                                     |                                  |                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |  |  |
|   | 9. Name and Address of Curren  |   | Agent   | 1001                                   | _                                |                    |  | 10. Name and Address of New Registered Agent   |  |
| FR  | EEMAN, STEPHEN A ESQ.  |   |   |  | 81                               | Nam                | e  |  |  |
|   | O BRICKELL KEY DRIVE   |   |   |  | 82                               | Ctro               | ) Adde   | ess (P.O. Box Number is Not Acceptable)  |  |
|   | HTE 0-305  |   |   |  | 5treet Addre                     |                    | N AOOFE  | BSS (P.O. Box Number is Not Acceptable)  |  |
|   | AMI FL 33131   |   |   |  |                                  |                    |  | ······································   |  |
| 1   |  |   |   |  | 84                               | City               |  | Int 75 Ondo  |  |
|   |  |   |   |  | ~                                | City               |  | FL 85 Zip Code   |  |
| 11. Pursuant office or rapent 1 a                     | to the provisions of Soctions 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga | 2 and 607.150<br>of Florida Suc<br>ations of, Secti | 8, Florida Statut<br>ch change was<br>on 607,0505, Fl | les, the at<br>authorize<br>orida Stat | oove<br>d by<br>utes             | e-name<br>the cost | ed corpo<br>orporation   | oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered |  |
| SIGNATURE   |  |   |   |  |                                  |                    | _  |  |  |
|   | Signature, typed or printed name of registered age   |   |   |  | Age                              | ni signal          | ure require  | od when ruinstating) DATE  |  |
| 12.<br>111LE  | OFFICERS AND   | DIRECTORS   | DELETE  | 13.<br>1.1 Tr                          | 74.5                             |                    |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| NAME  | SILVEIRA, OSNY   |   | C) OCCUR  | - 6                                    |                                  |                    |  | C Citalings C Addition (   |  |
| STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE          |  |   |   |  | 1.2 NAME<br>1.3 STREET ADDRESS   |                    |  |  |  |
| CITY-ST-ZIP   | MIAMI FL 33131   | OII   |   |  |                                  |                    | °  |  |  |
| TITLE   | VS   |   |   |  | 1.4 CITY - ST - ZIP<br>2.1 TITLE |                    | +  | Change Addition  |  |
| NAME  | SILVEIRA, MARIA J  |   |   |  | 2.2 NAME                         |                    |  |  |  |
| STREET ADDRESS  | TAN BRIGHT WELL BRIDE OF   |   | E 0-305 2   |  | 2 3 STREET ADDRESS               |                    | s  |  |  |
| CITY-ST-ZIP   | MIAMI FL 33131   |   |   | 2.4C                                   |                                  |                    |  |  |  |
| TITLE   | AS   |   | DELETE  | 3.1 T                                  |                                  |                    |  | Change Addition  |  |
| NAME  | Freeman, Stephen   |   |   | 3.2 N                                  | ME                               |                    |  |  |  |
| STREET ADDRESS  | 520 BRICKELL KEY DRIVE, S  | UITE 0-305  |   | 3.3 \$1                                | REET                             | addres             | s  |  |  |
| CITY-ST-ZIP   | MIAMI FL 33131   |   |   | 3.4. C                                 | ITY-S                            | ST-ZIP             | _  |  |  |
| TITLE   |  |   | DELETE  | 4.1 78                                 | TLE                              |                    |  | Change Addition  |  |
| NAME  |  |   |   | 4. 2 N                                 | AME                              |                    |  |  |  |
| STREET ADDRESS  |  |   |   | 4.3 ST                                 | REET                             | ADDRES             | s  |  |  |
| CITY-ST-ZIP   |  |   |   | 4.4 CI                                 |                                  | T-ZIP              | <del></del>  | · · · · · · · · · · · · · · · · · · ·  |  |
| TITLE !   |  |   | L DELETE  | 5.1 11                                 |                                  |                    |  | Change Addition  |  |
| NAME  |  |   |   | 5.2 N/                                 | ME                               |                    |  |  |  |
| STREET ADDRESS  |  |   |   | 53 ST                                  | REET                             | ADDRES             | s  |  |  |
| CITY-ST-ZIP   |  |   | T serve   | 54 CITY-ST                             |                                  | T-ZIP              | <del></del>  |  |  |
| TITLE   |  |   | ☐ DELETE  | 6.1 11                                 |                                  |                    |  | Change Addition  |  |
| NAME  |  |   |   | 6.2 N/                                 |                                  |                    | 1  |  |  |
| STREET ADDRESS  |  |   |   |  |                                  | ADDRES             | S  |  |  |
| CITY-ST-ZIP   | portify that the information supplied to   | th this files of                                    | nos pot evelit.                                       | 6.4 CI                                 |                                  |                    | ind in   | Continue 110 07/3V/) Florida Statutos Liberthan and he that the information  |  |
| indicated   | on this annual report or supplied w  | itarius iliny 00<br>Lanual tenor                    | tie true and act                                      | or und tixt                            | nnp)                             | nun 80<br>atmv 6   | ionatur  | 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 are 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 a statistical with an address.

SIGNATURE:

Stork A Fren

305.374.3860