

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
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90089 032 ***150.00

DOCUMENT # L30733

1. Corporation Name

DALIFF CORPORATION

Principal Place of Business

**215 SW LE JEUNE RAOD
MIAMI FL 33134-1799**

Mailing Address

**215 SW LE JEUNE RAOD
MIAMI FL 33134-1799**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1989

4. FEI Number

65-0180160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2333 Brickell Avenue

2a. Mailing Address

2333 Brickell Avenue

Suite, Apt. #, etc.

Suite D-1

Suite, Apt. #, etc.

Suite D-1

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33129

Country

USA

Zip

33129

Country

USA

9. Name and Address of Current Registered Agent

**ROSEN, CLIFFORD
215 S.W. 42ND AVE.
MIAMI FL 33134**

10. Name and Address of New Registered Agent

81 Name

Rosen Clifford

82 Street Address (P.O. Box Number is Not Acceptable)

2333 Brickell Avenue Suite D-1

83

84 City

Miami, Florida

FL

85 Zip Code

33129

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **ROSEN, CLIFFORD**
CITY-ST-ZIP **215 SW LE JEUNE RD**
MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **DP**
1.3 STREET ADDRESS **Rosen, Clifford**
1.4 CITY-ST-ZIP **2333 Brickell Avenue Suite D-1**
Miami, Florida 33129 **USA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED
Norman S. Rosen

4-13-99

305-859-4900

Date

Daytime Phone #

CR2E034 (1/98)