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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L42144

(0)

A & B DANIEL, INC.

NAMi

STREET ADDRESS

Princ-pal Pla:	ce of Business	Mailing Address		±-177, ±+7,					
17230 COLLIN MIAMI BEACH	IS AVE	17230 COLLINS AVE	*						
						3. Date Incorporated or Qualified 01/12/1990	3a. Date of 07/25/1	Last Report	
	Pace of Business	2a. Mailing Address				4. FEI Number	1	Applied For	
21		26				65-0189668		Not Applicable	
Suite, Apt [22]	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	☐ \$ ⁵	8.75 Additional Fee Required	ł
City & Sta	te	City & State				6. Election Campaign Financing		5.00 May Be	1
23		28				Trust Fund Contribution		Added to Fees	
Ζφ	Country	Zip	Cour	try		8. This corporation has liability for it			1
24	25	29	30				Yes No		
	9. Name and Address of Curr	ent Registered Agent		Name		10. Name and Address of New Res	gistered Ager)t	}
	AMA, ALBERT		<u>l</u>			· · · · · · · · · · · · · · · · · · ·			
	230 COLLINS AVE NMI BEACH FL 33160		[+	32 Street	Addre	ss (P.O. Box Number is Not Acceptable	le)		Ì
MICH	MI DEMON PL 33100			33					ĺ
			ļ.	34 City			g 85	Zip Codo	
41 Durangol	Lto the Avenuelone of Sections COZO	602 and 607 1609 Florida Statu	itos tha ah	Dup popular	COFF	pration submits this statement for the pr	FL S	nging its registered	}
office or	registered agent, or both, in the Sta	the of Florida. Such change was	authorized	by the cor	poration	on's board of directors. I hereby accep	it the appointn	nent as registered	{
A Carl	arn samiliar with, and accept the on	OT ADAMA		مانگناور	57	2~5	20-47		ľ
(SIGNAL ROTTE	Signature: Cypical or printers name of registered	agent and trie Papplicable (NO	TE Registered	Agent signature	e requires	d when reinstating)	DATE		Į
12.	OFFICE OF A	AND DIRECTORS		13.					Ι.
	agreement to the contract of t					ADDITIONS/CHANGES TO OFFIC			ŝ
TITLE	D	ND DIRECTORS DELETE	11 10			ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12 Change	00/0/
NAME:	D Arama, Albert		1.1 TITI 1.2 NAI	ME		ADDITIONS/CHANGES TO OFFIC			(90/0/ /60
NAME STREET ACTURESS	D Arama, Albert 17230 Collins ave		1.1 TITI 1.2 NAI 1.3 STE	me Eet address		ADDITIONS/CHANGES TO OFFIC			2E034 (0/06)
NAME STREET ACCURESS CITY-ST-ZIC	D Arama, Albert		1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT	ME EET ADORESS 7-ST-ZIP		ADDITIONS/CHANGES TO OFFIC		Change 🔲 Addition	CB2E03/ (0/06)
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NAME STREET ACURISS CHY-ST 70 TRUE NAME STREET ACCRESS	D Arama, Albert 17230 Collins ave	☐ DELETE	1 1 TITI 1 2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	ME EET ADDRESS 7-ST-ZIP E ME EET ADDRESS Y-ST-ZIP		ADDITIONS/CHANGES TO OFFIC		Change 🔲 Addition	(A0/0) NEOECHO
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14. I do 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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Da

63 STREET ADDRESS