FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L50918 (6)

1. Corporation Name
DAFIEL, INC.

Principal Place of Business	Mailing Address
1123 NE 163 ST N MIAMI BCH FL 33162 US	4170 NAUTILUS DR N MIAMI BCH FL 33140 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/13/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 4170 NAUTILUS DRIVE
22: Suite, Apt. #, etc.
23: City & State: MIAMI BEACH, FL.
24: Zip: 33140
25: Country: FL.

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State: MIAMI BEACH, FL.
29: Zip:
30: Country:

4. FEI Number: 65-0175600 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SHARBANI, ISAAC
1123 N.E. 163RD ST.
NORTH MIAMI BCH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SHARBANI, AZRIEL ☒ Change ☐ Addition
NAME	ELNECAVE, DAVID	1.2 NAME	
STREET ADDRESS	110 SOUTH SHORE DR #4	1.3 STREET ADDRESS	4170 NAUTILUS DR.
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33140
			DIRECTOR
TITLE	D	2.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	ELNECAVE, JOSEPHINE	2.2 NAME	SHARBANI, DAVID
STREET ADDRESS	110 SOUTH SHORE DR #4	2.3 STREET ADDRESS	4170 NAUTILUS DRIVE
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33140
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	SHARBANI, ISAAC	3.2 NAME	
STREET ADDRESS	1123 NE 163RD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33162	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SHARBANI, RHONDA	4.2 NAME	
STREET ADDRESS	1123 NE 163RD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL 33162	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	TREASURER ☒ Change ☐ Addition
NAME	ELNECAVE, JABEL	5.2 NAME	ISAAC SHARBANI
STREET ADDRESS	1123 NE 163RD ST	5.3 STREET ADDRESS	4170 NAUTILUS DRIVE
CITY-ST-ZIP	N MIAMI BCH FL 33162	5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Isaac Sharbani 4/25/95 305-672-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140003 CP