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

DOCUMENT # M32607

(7)

DANA OF MIAMI, INC.

FILED Mar 24 1998 8:00am Secretary of State

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Principal Place	e of Busines	is	Mailin	Mailing Address					i sadiatii san iiila tiata aitii naliit i	891 81911 811	### ##### ##### ###	
C/O SONDRA	A FEDERICI		C/O	SONDRA FEDERIG	CI]				
2805 N. STATE RD. 7 2805 N. STATE RD. 7												
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021									DO NOT WRIT	E IN THIS	SPACE	
									 Date Incorporated or Qualified 05/23/1986 			
2. Principal P	lace of Busi	ness	2a. Ma	2a. Mailing Address					4. FEI Number		A	pplied For
21			26						59- <u>2693029</u>			ot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional
22			27									equired
City & State	8			City & State					6. Election Campaign Financing			May Be
23				28					Trust Fund Contribution			to Fees
Zip	Country			Zip Country			,		8. This corporation owes or has paid the current year Intangible			
24	A Name	25 29 30 9. Name and Address of Current Registered Agent							Personal Property Tax due Jun 10. Name and Address of New R			4 No
			rent Hegistere	a Agent		81	Name		10. Name and Address of New H	egistered	Agent	
LEWIN, STANLEY							INATIO					
2805 N. STATE RD.						82 Street Addre			s (P.O. Box Number is Not Accepta	ble)	•	
HOLLYWOOD FL 33021									· · · · · · · · · · · · · · · · · · ·			
						83						
						84	City				85 Zip	Code
						Ш				F		
11. Pursuant i	t o the provis egi ste red ac	sions of Sections 607.0 nent, or both, in the St)502 and 607.1 ate of Florida	I508, Florida Sta ti Such change was	utes, the al	bove d by	e-named the corr	corpor	ation submits this statement for the	purpose i	of changing f pointment as	ts registered 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				d Age	nt signature	required	when reinstating)	DATE		
12.	PD	OFFICERS /	AND DIRECTO	DELETE	13.	T. F		ı	ADDITIONS/CHANGES TO OFFI	CERS AN	Change	Addition
TITLE		CTANI EV		L OELETE	1.1 TI						change	L Addition
NAME	COOK AL CTATE DO 7			1.2 NAI								
HOLLWHOOD EL 20201							ADDRESS	ļ				
CITY-ST-ZIP	VP TOLL 1	NOOD FL 33021		DELETE			T-ZIP			,	Change	Addition
TITLE	FREDERICK, SONDRA					2.1 TOTLE					Change	Addition
NAME		STATE RD 7			2.2 N							İ
STREET ADDRESS		NOOD FL 33021					ADDRESS			•		i
CiTY-ST-ZIP	HULLI	1000 FL 33021		PELETE			ST-ZIP				05	I tatatitan
TITLE				☐ DELETE	3.1 1						Change	Addition
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STREET ADDRESS							ADDRESS					
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TITLE				☐ DELETE	5.1 TO						☐ Change	Addition
NAME					5.2 NA	ME	1					
STREET ADDRESS					5.3 ST	REET	ADDRESS					
CITY-ST-ZIP					5.4 CI	1Y-S1	T-ZIP					
TITLE				☐ DELETE	6 1 TI	TLE					Change	Addition
NAME					6.2 NA	ME	ŀ					
STREET ADDRESS					6.3 ST	AEET.	ADDRESS					
CITY-ST-ZIP					6.4 CI							
14 I horoby o	antifu that the	a intermetica cumpling	with this filing	door not qualify	for the ove		tion state	d in Co	etion 110 07/9//i) Florida Statutos	Lighther	artifu that the	information

4. 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.

2.18.98

954.983.0506