


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am  
Secretary of State

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000002364</b>					
1. Corporation Name <b>D-FY-IT, INC.</b>					
Principal Place of Business 9990 SW 77 AVE PENTHOUSE 18 MIAMI FL 33156 US			Mailing Address 9990 SW 77 AVE PENTHOUSE 18 MIAMI FL 33156 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 16201 S.W. 95 AVE.		26 SAME		05/24/1993	
(Suite, Apt. #, etc.)		Suite, Apt. #, etc.		4. FEI Number	
22 205		27 SAME		65-0454414	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 MIAMI FL		28 SAME		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 33186		29 SAME		30 SAME	
Country		Country		Country	
25 U.S.A.		29 SAME		30 SAME	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOSEFSBERG, MARLENE 12990 SW 74TH COURT MIAMI FL 33156				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				13647 DEERING BAY DR., #152			
				83			
84 City				85 Zip Code			
CORAL GABLES FL				33158			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Marlene Josefsberg (MARLENE JOSEFSBERG) DATE 1/8/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOSEFSBERG, MARLENE		1.2 NAME				
STREET ADDRESS	12990 SW 74TH CT.		1.3 STREET ADDRESS	13647 DEERING BAY DR., #152			
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST-ZIP	CORAL GABLES, FL 33158			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	NASSAR, GAMAEL		2.2 NAME	EXEC. DIRECTOR			
STREET ADDRESS	11249 S.W. 132ND AVE. #4		2.3 STREET ADDRESS	RICHARD STUCK			
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-ST-ZIP	13720 S.W. 90 AVE			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HAYDEN, H B		3.2 NAME				
STREET ADDRESS	18441 NW 2ND AVE., #218		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33169		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	MOORE, LISA		4.2 NAME	DAVID SINGER			
STREET ADDRESS	9350 SOUTH DIXIE HIGHWAY, SUITE 1455		4.3 STREET ADDRESS	14270 S.W. 73 AVE.			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI FL 33158			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOSEFSBERG, DAVID		5.2 NAME				
STREET ADDRESS	12990 SW 74TH COURT		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33156		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MCCABE, BOB		6.2 NAME				
STREET ADDRESS	C/O 5426 NW 79TH COURT		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33166		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 617, 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: Richard Stuck (RICHARD STUCK) DATE 1/8/99 DAYTIME PHONE # 305/971-0607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)