

2001 UNIFORM BUSINESS REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

01 OCT 30 PM 2:54

DOCUMENT # P00000069567

1. Entity Name

DAU_THER INC.

Principal Place of Business

Mailing Address

4143 SW. 74 AVE SUITE A
MIAMI FL.##33155.

SAME

2. Principal Place of Business

3. Mailing Address

4143 SW 74 CT.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

City & State

City & State

MIAMI FL.

DADE

Zip

Country

Zip

Country

33155

DADE

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additio
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANA R. ROSARIO.
19815 NW 34 AVE.
MIAMI FL.33056.

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

A. Rosario

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE - NOW IN FEES IS STATION
AT 11/01/01 11:20 AM
Make Check payable to Tallahassee, Fla.

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	D	ANA R. ROSARIO	<input checked="" type="checkbox"/> Delete
NAME		19815 nw 34 ave	
STREET ADDRESS		miami fl 33056.	
CITY-ST-ZIP			
TITLE	D	yesenia c. rosario	<input checked="" type="checkbox"/> Delete
NAME		19815 nw 34 ave.	
STREET ADDRESS		miami fl.33056.	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		OSCAR E. RIVERO	<input checked="" type="checkbox"/> Change
NAME		1382 nw 32pl	P.D.S
STREET ADDRESS		miami fl.33125.	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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-11/01/01--01035--001
****150.00 ****150.00

13. 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 report or supplemental 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 11 or 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Oscar Rivero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

11/27/01 297

To whom it may concern:

I sent by mail
the 2001 Annual Report on
July 2001. I called at your
Dept, and explain that I don't
received any Incentive in our New
address part I am waiting
for the checks that we need
on the check.

I don't know what
happened with the mail, but
please I need to see this
corporation articles. I am
sending again the Annual
Report with the address
fee \$150.00.

Thank you very much,

O. B. ...