

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CHIEF CORPORATION
AND BUSINESS
REGISTRATION



1995

FLORIDA DEPARTMENT OF STATE
CORPORATION
AND BUSINESS
REGISTRATION
OFFICE OF THE SECRETARY OF STATE

**APPROVED
AND
FILED**

DOCUMENT # P25243

(7)

REC'D 4-11-95 FILED 4-11-95

FLORIDA DEPARTMENT OF STATE
CORPORATION AND BUSINESS REGISTRATION
OFFICE OF THE SECRETARY OF STATE

DAVY INTERNATIONAL, INC.

Florida Statute 409.17 (b) (1) (c) (d)

Meeting Address

1125 NORTHEAST 7TH AVENUE
DANIA FL 33004

1125 NORTHEAST 7TH AVENUE
DANIA FL 33004

Office of the Secretary of State, Room 5000

2. Name of Corporation	28. Mailing Address	36. Date Incorporated or Organized	38. Date of Last Report
Davy International, Inc.	26	07/19/1989	03/10/1994
21. Mailing Address	Suite, Apt. #, etc.	4. FEI Number	Added Fee Not Applicable
1125 NORTHEAST 7TH AVENUE DANIA FL 33004	27	11-2130880	
22. City & State	City & State	5. Certificate of Status Desired	XX \$8.75 Additional Fee Required
DANIA FL	28		
23. Other App'd Off.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
DANIA FL			
24. [] Change [] Add [] Delete	[] Change [] Add [] Delete	8. This corporation has liability for intangible tax under § 196(d)(C) Florida Statutes	XX Yes [] No
25	29	30	

9. Name and Address of Current Registered Agent

81. Name

**DIDZIULIS, VITAUTAS
1125 NORTHEAST 7TH AVENUE
DANIA FL 33004**

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Law (Section 409.17 (b), (c), (d) and (e) of the Florida Statutes), the above named corporation submits the 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 will return with and accept the signature of the corporation. (Law Section 409.17 (b) (c) (d) Florida Statutes)

SIGNATURE

12. OFFICER'S NAME AND DIRECTORSHIP	13. ADDITIONS, CHANGES TO OFFICES AND DIRECTORIES	
PD DIDZIULIS, VITAUTAS 1125 NE 7TH AVENUE DANIA FL	13.01 C. NAME C. ADDRESS C. CITY C. STATE C. ZIP CODE C. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD DIDZIULIS, JADVYGA 1125 NE 7TH AVENUE DANIA FL	13.02 C. NAME C. ADDRESS C. CITY C. STATE C. ZIP CODE C. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S SAAVEDRA, MARIA DEL CARMEN 1125 NE 7TH AVENUE DANIA FL	13.03 C. NAME C. ADDRESS C. CITY C. STATE C. ZIP CODE C. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VTD SILIJUNAS, VIDA 1125 NE 7TH AVENUE DANIA FL	13.04 C. NAME C. ADDRESS C. CITY C. STATE C. ZIP CODE C. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D DIDZIULIS, ALGIS 1125 NE 7TH AVENUE DANIA FL	13.05 C. NAME C. ADDRESS C. CITY C. STATE C. ZIP CODE C. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MM 1125 NE 7TH AVENUE	13.06 C. NAME C. ADDRESS C. CITY C. STATE C. ZIP CODE C. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MM 1125 NE 7TH AVENUE	13.07 C. NAME C. ADDRESS C. CITY C. STATE C. ZIP CODE C. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MM 1125 NE 7TH AVENUE	13.08 C. NAME C. ADDRESS C. CITY C. STATE C. ZIP CODE C. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MM 1125 NE 7TH AVENUE	13.09 C. NAME C. ADDRESS C. CITY C. STATE C. ZIP CODE C. COUNTY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, certify that the information supplied with this filing is substantially true and does not qualify for the exception provided in Section 196(d)(b), Florida Statutes. I further certify that the information indicated on the 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 officer or director of the corporation or that the other or trustee incorporated to receive the report as required by Chapter 409, Florida Statutes, and that my name appears on Block 12 of this form. I also certify that my mailing address is correct.

SIGNATURE:

V. SILIJUNAS

LAST NAME AND FIRST OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95 (305) 920-8100

0074503 CP