

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P39269** (6)

1. Corporation Name

DAYVILLE HOLDINGS, LIMITED COMPANY



Principal Place of Business

**801 BRICKELL AVENUE
SUITE 1301
MIAMI FL 33131**

Mailing Address

**801 BRICKELL AVENUE
SUITE 1301
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

701 Brickell Avenue

701 Brickell Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 850

Suite 850

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Zip

33131

33131

Country

Country

USA

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/16/1992

3a. Date of Last Report
04/27/1995

4. FEI Number

NOT APPLICABLE

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

10. Name and Address of New Registered Agent

81. Name

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

83. Suite 850

84. City
Miami

FL

85. Zip Code
33131

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

Signature typed or printed name of registered agent and the corporation (if not the Registered Agent, signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **PRS INTERNATIONAL DIRECTOR SERVICES, INC.**
STREET ADDRESS **4 COLUMBUS CENTRE, WICKHAMS CAY**
CITY-STATE-ZIP **ROAD TOWN, TORTOLA, B.V.I.**

TITLE **S** ☐ DELETE
NAME **SULLIVAN, JOHN S**
STREET ADDRESS **801 BRICKELL AVENUE, #1301**
CITY-STATE-ZIP **MIAMI FL 33131**

TITLE **AS** ☐ DELETE
NAME **RODRIGUEZ-FRAILE, GONZALO**
STREET ADDRESS **801 BRICKELL AVENUE, #1301**
CITY-STATE-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-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)(k), 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: **John S. Sullivan/ Secretary**

John S. Sullivan

04/26/96

(305) 381-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)