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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P40983** **(9)**

1. Corporation Name
PHYDALCO, INC.

Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD. SUITE 441 ~~NORTH MIAMI BEACH FL 33180~~ AVENTURA, FL. 33180	20801 BISCAYNE BLVD. SUITE 441 ~~NORTH MIAMI BEACH FL 33180-1430~~ AVENTURA, FL. 33180-1430

3. Date Incorporated or Qualified: 10/12/1992
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 22-2392453 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DALIA, PHYLLIS 20801 BISCAYNE BLVD. SUITE 441 ~~NORTH MIAMI BEACH FL 33180~~ AVENTURA	81 Name: DALIA PETER 82 Street Address (P.O. Box Number is Not Acceptable): 20201 BISCAYNE BLVD 83: SUITE 441 84 City: AVENTURA FL 85 Zip Code: 33180

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] DATE: 1/28/97
Signature required or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DALIA, PHYLLIS	1.2 NAME	
STREET ADDRESS	20281 E. COUNTRY CLUB DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~NO. MIAMI BEACH FL~~ AVENTURA FL.	1.4 CITY-ST-ZIP	
TITLE	DVC ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DALIA, PETER	2.2 NAME	
STREET ADDRESS	20281 E. COUNTRY CLUB DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~NO. MIAMI BEACH FL~~ AVENTURA FL	2.4 CITY-ST-ZIP	
TITLE	VPT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DALIA, PETER	3.2 NAME	
STREET ADDRESS	20281 E. COUNTRY CLUB DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~NO. MIAMI BEACH FL~~ AVENTURA FL.	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DALIA, PHYLLIS	4.2 NAME	
STREET ADDRESS	20281 E. COUNTRY CLUB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~NO. MIAMI BEACH FL~~ AVENTURA FL.	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: PETER DALIA [signature] VP 1/28/97 305-932-8350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #