

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:48

DOCUMENT # P9200000959 (6)
1. Corporation Name
DAYTONA AMERICANO MANAGEMENT, INC.

Principal Place of Business: **1260 NORTH ATLANTIC AVE. DAYTONA BEACH FL 32118**
Mailing Address: **C/O 2665 SOUTH BAYSHORE DR. SUITE 603 MIAMI FL 33133 US**

DO NOT WRITE IN THIS SPACE.

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)

3. Date incorporated or Qualified: **10/30/1992**
3a. Date of Last Report: **03/24/1994**
4. FEI Number: **59-3149907** 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
**MADORSKY, MARSHA G., ESO.
2665 S. BAYSHORE DR., SUITE 603
MIAMI FL 33133**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD MADORSKY, MAX 1260 N. ATLANTIC AVE DAYTONA BCH FL
TITLE	VD MADORSKY, ANNE 1260 N. ATLANTIC AVE. DAYTONA BCH. FL
TITLE	STD MADORSKY, MARSHA G. 2665 S. BAYSHORE DR., SUITE 603 MIAMI FL
TITLE	D delete MADORSKY, MARTIN 2000 S. BAYSHORE DR., SUITE 50 MIAMI FL
TITLE	D delete SILVERSTEIN, ELAINE 2000 S. BAYSHORE DR., SUITE 35 MIAMI FL
TITLE	D delete GOLDBERG, SANDRA 2000 SOUTH BAYSHORE DRIVE, SUITE 1 MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES CORRIGAN
1.3 STREET ADDRESS	5665 Island Park Drive
1.4 CITY-ST-ZIP	Manotick K4M1J3, Ontario, Canada
2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAX MADORSKY
2.3 STREET ADDRESS	1260 N. Atlantic Avenue
2.4 CITY-ST-ZIP	Daytona Beach, FL 32118
3.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANNE MADORSKY
3.3 STREET ADDRESS	1260 N. Atlantic Avenue
3.4 CITY-ST-ZIP	Daytona Beach, FL 32118
4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARSHA G. MADORSKY
4.3 STREET ADDRESS	2665 S. Bayshore Drive
4.4 CITY-ST-ZIP	Miami, FL 33133
5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RAY McELLIOT
5.3 STREET ADDRESS	1260 N. Atlantic Avenue
5.4 CITY-ST-ZIP	Daytona Beach, FL 32118
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, on an attachment with an address.

SIGNATURE: _____ **MARSHA G. MADORSKY, Treas./Dir.** 3/15/95 (305) 856-0879
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR