

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000002183 (1)

1. Corporation Name

DARCY PROPERTIES, INC.



Principal Place of Business

5500 N.W. 21ST. TERRACE
BLDG. 11
FT. LAUDERDALE FL 33309

Mailing Address

5500 N.W. 21ST. TERRACE
BLDG. 11
FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified
10/30/1992

3a. Date of Last Report
07/21/1995

2. Principal Place of Business

2a. Mailing Address

21 2372 N.W. 34 Road

26 2372 N.W. 34 Road

4. FEI Number
65-0366815

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Coconut Creek, FL

Coconut Creek, FL

24 Zip 33066

25 Country USA

29 Zip 33066

30 Country USA

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

ALMEIDA, DEBORA
5500 N.W. 21ST. AVE.
BLDG. 11 EXECUTIVE AIRPORT
FT. LAUDERDALE FL 33309

81 Name

Almeida, Debora

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

2372 N.W. 34 Road

83

84 City

Coconut Creek

FL

85 Zip Code

33066

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

Debora Almeida

4/24/96

Signature, typed or printed name of registered agent or authorized officer

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P
STREET ADDRESS VIEIRA, CARLOS A
CITY-ST-ZIP 900 PARK AVE. STE. 8C
NEW YORK NY 10022

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VP
STREET ADDRESS PUGA, JOAO I
CITY-ST-ZIP RUA, MARANHAO, 5 ANDAR
HIGIENOPOLIS SAO PAULO 01240-001

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS PUGA, ALEXANDRE DEAL I
CITY-ST-ZIP 230 CENTRAL PARK SOUTH APT. 6-B
NEW YORK NY 10019

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S
STREET ADDRESS ALMEIDA, DEBORA
CITY-ST-ZIP 5500 N.W. 21ST. TERR. BLD. 11
FT. LAUDERDALE FL 33309

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Almeida, Debora
4.3 STREET ADDRESS 2372 N.W. 34 Road
4.4 CITY-ST-ZIP Coconut Creek, FL 33066
(Address only)

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Debora Almeida

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/96 (954)977-5821

DATE TELEPHONE

CR2E034 (12/95)