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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000003193 (9)

1. Corporation Name

DANCO DEVELOPMENT COMPANY

Principal Place of Business

152 NE 168TH ST
NORTH MIAMI BEACH FL 33162
US

Mailing Address

152 NE 168TH ST
NORTH MIAMI BEACH FL 33162-3412
US



3. Date Incorporated or Qualified
11/05/1992

3a. Date of Last Report
07/05/1996

2. Principal Place of Business

21 611 LINCOLN ROAD
Suite, Apt. #, etc.

22 SUITE # 201
City & State

23 MIAMI BEACH, FL
Zip

24 33139 Country
25 USA

2a. Mailing Address

26 611 LINCOLN ROAD.
Suite, Apt. #, etc.

27 SUITE # 201
City & State

28 MIAMI BEACH, FL
Zip

29 33139 Country
30 USA

4. FEI Number

65-0389958

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

DAN, SAMUEL
152 NE 168TH ST
NORTH MIAMI BEACH FL 33178

10. Name and Address of New Registered Agent

81 Name

DAN, SAMUEL

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

611 LINCOLN ROAD.

83

SUITE #201

84 City

MIAMI BEACH

FL

85 Zip Code

33179.

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

Samuel Dan.

4-10-97.

Sign above, type or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	DAN, SAMUEL	152 168TH ST	NO MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DIRECTOR	SINDJA, ROBERT	611 LINCOLN ROAD, #201	MIAMI BEACH, FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	DAN, SAMUEL	611 LINCOLN ROAD #201	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, unchanged, or on an attachment with an address

SIGNATURE:

Samuel Dan.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

Date

(305) 534-0500

Daytime Phone #

CR2E034 (9/96)