## FILE-HOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000046358 (6)

THE DAKOTA GROUP LIMITED, INC.

## **FILED** Apr 23 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			-{	il <b>an</b> ell bible aling fills fills fills
222 SW 15TH ROAD MIAMI FL 33129 US	222 SW 15TH ROAD MIAMI FL 33129 US			DO NOT WRITE IN	N THIS SPACE
•				3. Date incorporated or Qualified 06/30/1993	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-04 19590	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #,					\$8.75 Additional
27				5. Certificate of Status Desired	Fee Required
City & State City & State			Election Cempaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	<b>28</b>	Country		This corporation owes or has paid	
24 25	29	30	,	Personal Property Tax due June 30	
9. Name and Address of Curre	<del>L</del>			10. Name and Address of New Registered Agent	
ADRIANI, C.A.L.		81	Name		
222 SW 15TH ROAD		82	Street Addre	ess (P.O. Box Number is Not Acceptable	)
MIAM) FL 33129		L.			,
		83			
		84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607 1508. Florida Statul	les, the abov	/e-named corp	oration submits this statement for the pur	- <del>-</del> ; , ,
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oble	e of Florida. Such change was:	authorized b	y the corporati	on's board of directors. I hereby accept	the appointment as registered
SIGNATURE		,			
Signature, typed or printed name of registered is OF FICERS AI	JPC and the if applicable (NOT ND DIRECTORS	13.	jent signature require	ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIRECTORS IN 12
TITLE DST	DELETE	1.1 TITLE		7.00110140/017/11/02010 10 011102	Change Addition
NAME ADRIANI, C.A.L.		1.2 NAME			
STREET ADDRESS 222 SW 15TH ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP			
TITLE DP	☐ DELETE	DELETE 2.1 TITLE			Change Addition
NAME ADRIANI, M.L.	2.2 N		ļ		
STREET ADDRESS 222 SW 15TH ROAD			T ADDRESS		
CITY-ST-ZIP MIAMI FL	D SELETE	2. 4 CITY	ST-ZIP		Disease Addition
TITLE	DELETE	3.1 TITLE			Change
NAME OTHER SPORTS		3.2 NAME	i		
STREET ADDRESS		3.3 STREE	T ADDRESS		
CITY-ST-ZIP TITLE	DECETE	4.1 TITLE	31-21		Change Addition
NAME	<del></del>	4. 2 NAM			- —
STREET ADDRESS		4.3 STREE	T ADDRESS		
CITY-ST-ZIP		4.4 CITY-	ł		
TITLE	☐ DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME	1		
STREET ADDRESS		5.3 STREE	T ADDRESS		
CITY-ST-ZIP		5.4 CITY-	S1-ZIP		[] (h ] (1.1 m)
TITLE	☐ DELETE	6.1 TITLE			Change Addition
NAME		6.2 NAME	l		
STREET ADDRESS			1 ADDRESS		
CITY-\$T-ZIP  14. I hereby certify that the information supplied	with this filing does not qualify f	6.4 CITY- for the exem		Section 119.07(3)(i), Florida Statules, Utu	rther certify that the information

indicated on this annual report or supplemental argular 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 receive for 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 chapter 6, or on an attachming that himself with an address.