

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P93000058356 (5)**  
 1. Corporation Name  
**DUNAN INTERNATIONAL, CORP.**



Principal Place of Business <b>1001 SE 11 ST HIALEAH FL 33010</b>	Mailing Address <b>1001 SE 11 ST HIALEAH FL 33010</b>
--	--

DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
<b>22</b> Suite, Apt. #, etc	Suite, Apt. #, etc.
<b>23</b> City & State	City & State
<b>24</b> Zip	Country
<b>25</b> Country	<b>29</b> Zip
<b>26</b> City & State	<b>30</b> Country

**3.** Date Incorporated or Qualified  
**08/16/1993**

**4.** FEI Number **65-0435444** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**CASTANEDO, JUANNY**  
**9200 SW 34TH STREET**  
**MIAMI FL 33165**

**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 re-appointing) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GUTIERREZ, JESUS R</b>
STREET ADDRESS	<b>4241 SW 149 CT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>GUTIERREZ, ILEANA</b>
STREET ADDRESS	<b>1001 S.E. 11TH STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
TITLE	<b>TR</b> <input type="checkbox"/> DELETE
NAME	<b>SANCHEZ, CARMEN</b>
STREET ADDRESS	<b>1001 S E 11 ST</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BURKE, JOSEPH</b>
STREET ADDRESS	<b>1001 S.E. 11TH STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CHIEF FINANCIAL OFFICER</b>
4.3 STREET ADDRESS	<b>JUANNY M. CASTANEDO</b>
4.4 CITY-ST-ZIP	<b>7220 NW 36 ST. STE 609</b> <b>MIAMI, FL 33166</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 \_\_\_\_\_

CR2E034 (10/97)