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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000061816 (3)

DAVMIR CO.

Principal Place of Business

2. Principal Place of Business

MIAMI FL 33131

Suite, Apt. #, etc

City & State

23

24

Zip

C/O BRUCE JAY TOLAND. ESO. 801 BRICKELL AVE. STE 1501

25

Mailing Addross

2a. Mailing Address

City & State

28

29

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

C/O BRUCE JAY TOLAND. ESO. 801 BRICKELL AVE., STE 1501 MIAMI FL 33131

FILED May 19 1998 8:00am Secretary of State

DO NOT WRITE IN	THIS SPACE
Date Incorporated or Qualified	
09/02/1993	
FEI Number	Applied For
65-0796837	Not Applicable
Certificate of Status Desired	\$8.75 Additional Fee Required
Election Campaign Financing	\$5.00 May Be
Trust Fund Contribution	Added to Fees
This corporation owes or has paid t	he current year Intangible
Personal Property Tax due June 30	. 🕍 Yes 🗌 No
Name and Address of New Regis	tered Agent

TOLAND, BRUCE J.	81 Name
801 BRICKELL AVENUE SUITE 1501	82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33131	83
	B4 City FL 85 Zip Code

81 Name

Country

30

3.

4.

6.

6.

8.

10.

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	Signature, typed or printed name of regilterion egont and late if applicable (NOTE	Registered Agent signature requ	Jired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD DELETE	1.1 TITLE	Change Addit
NAME	DAVILA, HUMBERTO	1 2 NAME	
STREET ADDRESS	C/O BRUCE J. TOLAND, 801 BRICKELL AV #1501	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change Addit
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY - ST - ZIP	
TITLE	DELETE	3.1 TITLÉ	☐ Change ☐ Addit
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY- ST-7IP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addil
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-SI-ZIP	
TITLE	DELETE	5.1 TITLE	Change Addit
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addit
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY - S1 - 7/P	

14. Thereby cortify 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 supplicmental 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

(454)943-1391 T-6-46