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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

•	1996	DIVISIO	ON OF CORPORAT	101	NS				
1. Corporation	MENT # P930( DA FIRST GROUP INC.	00067577	(5)						
						1 2 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Principal Place of Business Mailing Address									
7700 N KENDALL DRIVE 7700 N KENDALL DRIVE			L DRIVE						
SUITE #602 MIAMI FL 33		SUITE #602							
MINMI EC 99	190	MIAMI FL 33156				3. Date incorporated or Qualified 3a. Date of Last Report			
2. Principal Pla	ice of Business	2a. Mailing Address	2a. Mailing Address			09/24/1993 4. FEI Number	10	5/01/1	
21		26	<b></b> 1			65-0476850		-	Applied For Not Applicable
Suite, Apt. #	, etc.	h ,	Suite, Apt. #, etc.			5. Certificate of Status Desired	<u></u>	\$8.7	75 Additional
City & State		City & State	City & State						e Required
23		28				Election Campaign Financing     Trust Fund Contribution			.00 May Be ded to Fees
Zip	Country	Zφ	Countr	у		8. This corporation has liability for i			
24	25 9. Name and Address of Curre	29 29 Agent	30			Florida Statutes Yes  10. Name and Address of New R			
· · · · · · · · · · · · · · · · · · ·			81	Ϊ	Name	To. Harre and Address of New A	egistered	Agent	
SCHULTE, RICHARD F			82	2	Street Addre	ss (P.O. Box Number is Not Acceptab	le)	<del></del>	······································
7700 N Suite 6	KENDALL DRIVE								
MIAMI F			83	1					
***************************************	2 30 100		84	1	City		FL	85	Zip Code
				-na	med corpora	tion submits this statement for the pur f of directors. I hereby accept the appo		inging it:	s registered office
familiar with	h, and accept the obligations of, Sec	otion 607.0505, Florida St	atutes.	μŲΓ	alion 5 board	or or ectors, i hereby accept the appo	antment as	register	ed agent. I am
SIGNATURE _	Signature typod or printed name of registered age	of and little if applicable	(NOTE: Registered Apo	or s	signature required :	where reinstation	DATE		
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIREC	TORS IN 12
TITLE	OP	DELETI	1. 1 TITLE					Chang	e 🔲 Addition
NAME STREET ADDRESS	SCHULTE, RICHARD F 7700 N KENDALL DRIVE SU	IITE eno	1.2 NAME						
City-St-Zip	MIAMI FL 33156	//IC 002	1.3 STREE		· · · · · · · · · · · · · · · · · · ·				
TITLE	VP	DELETI			<u> </u>		Г	Change	e [] Addition
NAME	SCHULTE, RICHARD F JR		2.2 NAME		İ		-		
STREET ADDRESS	7700 N. KENDALL DR. #60	2	2 3 STREE	I AC	DDRESS				
CITY-ST-ZIP TITLE	MIAMI FL	DELETI	2 4 CITY-		ZIP			4	
NAME		E out	3. 1 TITLE 3 2 NAME				L	] Change	Addition
STREET ADDRESS			3.3 STREE		DDRESS				
CITY-ST-ZIP			3.4 CITY-						
TITLE		DELETE	4. 1 TIELE					] Change	e 🔲 Addition
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CITY-ST-ZIP			4 3 STREE 4 4 City - 3			10000184 -05/28/96010	<b>∤ (_) (</b>  ) (	5 I	
TITLE		DELETE			Zir.	***200.00		t⊥ ] Chang∈	Addition
NAME			5 2 NAME			mmander de	₩.		۰
STREET ADDRESS			5 3 STREE	I AD	DDRESS				
CITY-ST-ZIP		E Atten	5.4 C/1Y-1		Z/P				
TITLE NAME		DELETE						] Change	Addition
STREET ADDRESS			6.2 NAME 6.3 STREE	T AD	JUBE 66				2/1
CITY-ST-ZIP	•		64 C(TY-	ST-	71P				1' 32
	certify that the information supplied	with this filing is voluntaril	y furnished and doe	es r	not qualify for	the exemption stated in Section 119.0	17(3)(k) Fig	ida Stat	utee I further

I do hereby certify that the information supplied with this filling 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 angual 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 of the receipt or truther employees an appears in Block 12 or Block 13 if charged, of an an attachment with an ordered.

GNATURE:

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SIGNATURE: \_

CR2E034 (12/95)