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 #

P93000072012 (6)

DAPEP, CORP.

FILED Mar 26 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						a sectional time series and a series many within the		(#10 ()E1 (0E1
8165 WEST 9TH AVENUE 8165 WEST 9TH AVENUE								
HIALEAH FL	33014	HIALEAH FL 33014	HIALEAH FL 33014			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						10/15/1993		ſ
	lace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21		26	<u> </u>			65-0442782	Not Applicable	
Suite Apt	#, etc.	 	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22			27 City # Chate					equired
City & State	9	— ·	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Z8 Country Zip Co			intry		8. This corporation owes or has paid the cu		to Fees
24	25	├─ ─ ─	o]					langible DNo
	9. Name and Address of Curre		<u> </u>			10. Name and Address of New Registered		
YE	DRA, JOSE			81	Name			
8165 WEST 9TH AVENUE				82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)		
	ALEAH FL 33014		ļ	02	Street Add	ress (F.O. Box Number is Not Acceptable)		
THREE STATE COOTY			Ì	83				
				64	City		BE Zin	Code
					City	Fl	65 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	the at	oove-	named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing if	ts registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Stat	u by i	ille corpora	mon's board of directors. Thereby accept the ap	pointnett as	registered
SIGNATURE								
	Signature, typod or printed name of registered a			d Agent	signature requi	ired when reinstating) DATE		
12. TITLE	PTD OFFICERS A	ND DIRECTORS DELETE	13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR Change	RS IN 12 Addition
NAME	YEDRA, JOSE	□ beccit	1.1 TITLE 1.2 NAME		i		C. C. Idinge	L Addition
STREET ADDRESS	8165 WEST 9TH AVE.				Donnee			
CITY-ST-ZIP	HIALEAH FL 33014		1.4 CITY		DORESS			ł
TITLE	SVD	☐ DELETE	2.1 Til		ZIP		Change	Addition
NAME	YEDRA, DALIA E		2.2 NAME					
STREET ADDRESS	8185 WEST 9TH AVE.				DDRESS			ľ
CITY-ST-ZIP	HIALEAH FL 33014			2. 4 CITY - ST - ZIP				ļ
TITLE		DELETE	3.1 TI				Change	Addition
NAME			3.2 NAME		J		-	
STREET ADDRESS			3.3 ST	TREET A	DORESS			-
CITY-ST-ZIP			3.4. CITY-ST-ZIP		- ZiP			
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4.2 N	IAME	ĺ			İ
STREET ADDRESS			4.3 ST	TREET A	DDRESS			1
CITY-ST-ZIP			4.4 CITY-ST-		ZIP			
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NA	AME	ĺ			
STREET ADDRESS					Odress			
CITY-\$1-ZIP		The same	_	TY-ST-	ZiP			1
TITLE		☐ DELETE	6.1 11		ļ		Change	Addition
NAME			6.2 NA					
STREET ADDRESS					DDRESS			
CITY-ST-ZIP	partify that the information supplied	with this filing does not qualify for		TY-ST-		Section 118 D7(3VI) Florida Statutes Literthey of	actifu that the	information

I nerely certify that the information supplied with his filing does not quality for the exemption stated in Section 119.0/(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: X

(305) 828-1383