

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **P93000076642 (6)**

1. Corporation Name

THE DASCH GROUP, INC.



Principal Place of Business

**2247 SW 105 CT
MIAMI FL 33165**

Mailing Address

**2247 SW 105 CT
MIAMI FL 33165**

3. Date Incorporated or Qualified
11/01/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21. **1027 NW 132 COURT**

26. **THE DASCH GROUP, INC.**

4. FEI Number
65-0450150

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

22. Suite, Apt. #, etc.

27. **1027 NW 132 COURT**

23. City & State

MIAMI, FLORIDA

24. Zip

33182

25. Country

USA

26. Suite, Apt. #, etc.

27. **1027 NW 132 COURT**

28. City & State

MIAMI, FLORIDA

29. Zip

33182

30. Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEGOVIA, JAIME
2247 SW 105 CT
MIAMI FL 33165**

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 607.1509, 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 607.0509, Florida Statutes.

SIGNATURE

Signature of officer or director or registered agent or other authorized person

Signature of Registered Agent (required when appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PS
SEGOVIA, JAIME
2247 SW 105 CT
MIAMI FL 33165**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
**1027 NW 132 COURT
MIAMI, FLORIDA 33182**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing 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 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 to an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/96

305-559-4008

Date

Daytime Phone #

CR2E034 (12/95)