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 **FILED**

May 12 1998 8:00am

Secretary of State

P93000076914 (9) POCUMENT #

DHAGO	N AIN LEASING, INC.						
Principal Place	of Business	Mailing Address				-{	
9560 SW 162 STIFEET			9560 SW 182 STREET				
MIAM! FL 33157		h	MIAMI FL 33157				DO NOT WRITE IN THIS SPACE
							3. Date incorporated or Qualified
							11/05/1993
Principal Place of Business			2a. Marling Address			שמ	4. FEI Number Applied For
<u> </u>		26				<u> </u>	65-0503602 Not Applicable
Suite, Apt. #, etc.		<u></u>	Suite, Apt. #, etc.		•		5. Certificate of Status Desired Fee Required
City & State		27	City & State				
City & State		28	n 2				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	20	Zip Zip	7	County		. 8. This corporation owes or has paid the current year Intendible
a i	25	29	33026	30	Br	OWAN	Personal Property Tax due June 30. Yes No
·	9. Name and Address of Curren	t Regis	stered Agent			···	10. Name and Address of New Registered Agent
MO	reland, benjamin d				81	Name	
9560 \$ W 182 STREET MIAMI F L 33157					82	Street Addre	ess (P.O. Box Number is Not Acceptable)
					83		
						City	85 Zip Code
I Duration to	the provisions of Continue 607 050	2 and 6	207 1E09 Elorida State	itae the		named corpo	oration submits this statement for the purpose of changing its registered
SIGNATURE 12.	Signature, typed or pentrel name of regular diagram OFFICERS AND DVPS RIGGS, CHARLES			1	itered Ager 1 3. .1 TITLE .2 NAME	nt signature required	od when reinslating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TI ADDRESS	#6855 SW 172 AVENUE			1	.3 STREET	address	
11Y-\$Y-ZIP	MIAMI FL 33187			1	4 CITY-SI	-ZIP	
TILE	PT		☐ DELETE	2	.1 TITLE		☐ Change ☐ Addition
TREET ADPLICESS	MORELAND, BENJ. MINED. \$560 SW 182 STREET MAM! FL 33157			2.	.2 NAME .3 STREET .	Į į	
ITV-ST-	MP-101 (C 2212)		DELETE		4 CITY - S	1 - ZIP	Change Addition
AUR	·				2 NAME		- Domingo Distribu
TREET ADDRESS	<u> </u>		•		3 STREET	ADDRESS	
11Y-\$1-ZIP	•		· · · · · · · · · · · · · · · · · · ·	-	4. CITY-S	1	
ITLE			☐ DE EIF		1 TITLE		☐ Change ☐ Addition
AME			*	_ \ 4	2 NAME		
TREET ADDRESS				4.	3 _, STRFEL	AFFIRESS	
ITY-ST-ZIP					9	-ZIP	
ITLE			☐ DELETE	5.	,		Change Addition
AME					NAME		
Treet adoress				: 1 .	SISTREET A	- 1	
TY-ST-ZIP			☐ DELETE		4 CITY-ST 1 TITLE	- ZiP	D Change D Algo.
AME			T OFFER		2 NAME		Li Change
TREET ADDRESS				/	2 NAME 8 STREET #	IUUBESS	
ITY-ST-ZIP			•		# CITY-ST		
4. I hereby ce	orlify that the information supplied wil	In this f	iling does not qualify	for the	avemnti	on stated in S.	Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or d	in this annual report of supplemental	i annua iver or f	i report is true and ac trustee empowered to	curate a	ai id tha	t mv sionature	established the same legal effect as if made under earlity that I am an irred by Chapter 607, Florida Statutes; and that my name appears in