

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000078356 (1)  
1. Corporation Name

DACAROL CORPORATION

Principal Place of Business Mailing Address  
20971 C VIA AZALEA # 4  
BOCA RATON, FLORIDA 33428

3. Date Incorporated or Qualified 11/12/1.993  
3a. Date of Last Report 01/1.995

|                                |                        |   |   |
|--------------------------------|------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number   | Applied For   |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 65-0447765  | Not Applicable  |
| 22 City & State                | 27 City & State        | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| 23 Zip                         | 28 Zip                 | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
| 24 Country                     | 29 Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OTERO, CLARA  
20971 C VIA AZALEA # 4  
BOCA RATON, FLORIDA 33428

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 607.1508, 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP OTERO CLARA ☐ DELETE  
NAME 6958 Palmetto Cir. S # 406  
STREET ADDRESS Boca Raton, Fl. 33433  
CITY-ST-ZIP

TITLE DS OTERO DAVID ☐ DELETE  
NAME 6958 :Palmetto Cr. S # 406  
STREET ADDRESS Boca Raton, Florida 33433  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 with an address

SIGNATURE: *Clara Otero*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/20/96

CR2E034 (12/95)