FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 24 PM 12:15

TALLAHASSEE, FLORIDA

DOCUMENT # P94000004104 ~~P 94000004104~~

1. Corporation Name

D.A.P.T INVESTMENTS, INC.

000001441700
-03/28/95--01092--002
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address
P.O Box 370056

3. Date Incorporated or Qualified: 1-10-94

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 P.O Box 370056
22 Suite, Apt #, etc	27 Suite, Apt #, etc 14920 SO. RIVER DRIVE
23 City & State	28 City & State Miami, FL.
24 Zip / 25 Country	29 Zip 33167-0056 / 30 Country DADE

4. FEI Number: 65-0474023 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $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

9. Name and Address of Current Registered Agent

PATRICIA TAYLOR

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 14920 SO. RIVER DRIVE

83

84 City MIAMI FL 85 Zip Code 33167

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 ____________________

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/D/T PATRICIA TAYLOR 14920 SO. RIVER DRIVE MIAMI, FL. 33167
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T.S. 3/24/95

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, 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 the 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: [signature] PATRICIA TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR