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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P94000011000 (4)

MEET & GREET BY DABAR, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Busi	ness

ALCIBAR, MARILYN

405 S.E. 2ND AVENUE DANIA FL 33004

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

Suite, Apt. #,

City & State

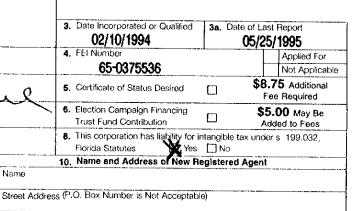
Zip

26

29

6768 NORTHWEST 199 STREET MIAMI FL 33015

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85

CR2E034 (12/95)

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. Thereby accept the appointment as registered agent. I am accept the obligations of, Section 607.0505, Florida Statutes.

Country

81 Name

82

83 84 City

30

SIGNATURE							
Signature typed or printed name of registered agant and title if applicable. [NOTH Registered Agent signature required when revisibilities] DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1 1 TITLE		Change Addition		
NAME	ALCIBAR, MARILYN		1.2 NAME				
STREET ADDRESS	405 S.E. 2 AVE		13 STREET ADDRESS				
CITY - ST - ZIP	Dania Fl		1.4 CiTY-ST-7iP				
TITLE	VS	DELETE	2 1 TITLE		☐ Change ☐ Addition		
NAME	Dan, Debbie		22 NAME				
STREET ADDRESS	6768 N.W. 199 STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAM! FL		2 4 CITY - ST - ZIP				
TALE		DELETE	3 1 TITLE		☐ Change ☐ Addition		
NAME			3 2 NAME		· - 		
STREET ADDRESS			3.3. STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-S1-2IP				
TITLE		DELETE	4 1 TITLE		Change Addition		
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>	22242		
TITLE		☐ DEFELE	5 1 TITLE +	9000018!	Change Addition		
NAME			5.2 NAME	***225.00			
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5 4 City-St-ZiP				
TITLE		☐ DELETE	6 1 TITLE		Change Addition		
NAME			6 2 NAME		e 1 96		
STREET ADDRESS			6.3 STREET ADDRESS		5-1-96 NEB		
CITY-ST-ZIP	and it that the information is		6.4 CITY-ST-ZIP		DELS		

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 address 13 if changed, or on an attachment with

SIGNATURE:

305-620-2246