

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000023973 (8)

1. Corporation Name

DAKOTA SERVICES INC.

95 FEB 13 PM 2:30

Principal Place of Business

7200 NW 19TH ST.
SUITE 409
MIAMI FL 33126

Mailing Address

7200 NW 19TH ST.
SUITE 409
MIAMI FL 33126

DATE OF FILING IN THIS SPACE

3. Date of Incorporation
03/29/1994

3a. Date of Last Report
3-29-94

2. Principal Place of Business

21 1200 S. PINE ISLAND RD.

2a. Mailing Address

25 1200 S. PINE ISLAND RD.

22 SUITE 700

27 700

23 PLANTATION FL

28 PLANTATION FL

24 33324 USA

29 33324 USA

4. FID Number
65-0478457

Applied for
Not Applicable

5. Certificate of Status (Report) ☒ 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. 193.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAMBERT, JOSE M
7200 NW 19TH ST.
SUITE 409
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name JOSE M. LAMBERT
82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD.
83 SUITE 700
84 City PLANTATION FL 85 Zip Code 33324

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

JOSE M. LAMBERT

JOSE M. LAMBERT

1-31-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)

11 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
13 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
15 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
16 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
17 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
18 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
19 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
20 TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE DIRECTOR ☐ Change ☒ Addition
12 NAME ARTHUR W. BROSCAT
13 STREET ADDRESS 1200 S. PINE ISLAND RD SUITE 700
14 CITY-ST-ZIP PLANTATION, FL 33324
15 TITLE DIRECTOR ☐ Change ☒ Addition
16 NAME ENRIQUE PERMY
17 STREET ADDRESS 1200 S. PINE ISLAND RD. SUITE 700
18 CITY-ST-ZIP PLANTATION FL 33324
19 TITLE DIRECTOR ☐ Change ☒ Addition
20 NAME GUSTAVO MATA-BORTAS
21 STREET ADDRESS 1200 S. PINE ISLAND RD. SUITE 700
22 CITY-ST-ZIP PLANTATION FL 33324
23 TITLE ☐ Change ☒ Addition
24 NAME ROLAND F. BREAVLT
25 VICE PRESIDENT
26 STREET ADDRESS 1200 S. PINE ISLAND RD. SUITE 700
27 CITY-ST-ZIP PLANTATION FL 33324
28 TITLE ☐ Change ☒ Addition
29 NAME JOSE G. GARCIA
30 VICE PRESIDENT
31 STREET ADDRESS 1200 S. PINE ISLAND RD. SUITE 700
32 CITY-ST-ZIP PLANTATION FL 33324
33 TITLE ☐ Change ☒ Addition
34 NAME MARTHA DE HERMANDEZ
35 VICE PRESIDENT
36 STREET ADDRESS 1200 S. PINE ISLAND RD. SUITE 700
37 CITY-ST-ZIP PLANTATION FL 33324

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 193.02(4)(b), Florida Statutes. I further certify that the information included in 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. I am an officer or director of this corporation or the person or persons empowered to make this report as required by Chapter 407, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOSE M. LAMBERT

JOSE M. LAMBERT
ASSISTANT SECRETARY/TREASURER

1-31-95 (705) 423-1105