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

P94000026603 (8)

DOCUMENT # 1. Corporation Name

DAYENU. INC.



Principal Place of Business 2130 NE 123RD ST NORTH MIAMI FL 33181 Mailing Address P.O. BOX 403730 MIAMI BEACH FL 33140			40	A STATE OF THE PARTY OF THE PAR			
					3. Date Incorporated or Qualified 04/04/1994	3a. Date of Las 08/11	Report /1995
2. Principal Place of Business 23 Principal Place of Business 21 2130 N.E 123 P.S. 26 2130 NE 123					4. FEI Number 65-0487029		Applied For
Suite, Apt.		Suite, Apt. #, etc.	, , , , ,	<u>-</u>		- \$8	Not Applicable 75 Additional
2 27 City & State 3 NORTH MIAMI FL 28 NORTH Mi					5. Certificate of Status Desired	Fee Required	
				FI	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
<u> 3)18</u>		29 33181	30	SA	This corporation has liability for Florida Statutes	: □No	s 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New I	Registered Agent	
CASEV	/ VALEDIA M		81	Name	KI /14		
CASEY, VALEDIA M 2130 NE 123RD ST NORTH MIAMI FL 33181				82 Street Address (P.O. Box Number is Not Acceptable)			
1101111	12 00 10 1		63				
			84	City		FL 85	Zip Code
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508. Elevisio Otatutes	s, the above-r	amed cornor	ation submits this statement for the pu		a vaniata and affi-
familiar wit	ed agent, or voth in the State of Flo h, and adreso the haligations of Se Signature, typed or winter have on the above		E: Registered Agen		d of directors. I hereby accept the app	Ointment as register	eo agent. I am
2.	OFFICERS A	ND DIRECTORS	13.	- agrassic requires	ADDITIONS/CHANGES TO OFF		TORS IN 12
ITLE	P	☐ DELETE	1 1 TITLE			☐ Chang	
AME	CASEY, VALES	2)177 2-20-2	1.2 NAME				
FREET ADDRESS	2130 N.E. 12	300 STREET	1.3 STREET	ADDRESS			
TY-ST-ZIP	NORTH MIM	HI, FT 33 181	1.4 CITY-ST-ZIP 2 1 TITLE				
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VWE .			2.2 NAME				
REET ADORESS			2.3 STREET	ADDRESS			
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IME .			3.2 NAME				
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TY-ST-ZIP			54 CITY-ST	[
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WE		_	6.2 NAME			Change	- Managar
REFT ADDRESS			63 STREET	DORESS			
TY-ST-ZIP		_	64 CITY-SI				
4. I do hereby	certify that the information supplied	with this filing is voluntarily furnish	hed and does	not qualify to	r the exemption stated in Section 119.	07(3)(k), Florida Stat	utes. I further
oath; that I	the information indicated on this air am an officer or director of the corp	iual report or supplemental annua oration or the receiver or trustee (report is true empowered	execute this	e and that my signature shall have the report as required by Chapter 607, Fig.	same legal effect as	if made under
appear	Block 12 or Block 13 in ranged oc	on an attachment with an audres	S		a I		каттту натте
ICHATI	The said		25)	And 12-196 (メノヘ ガ	2) =
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