## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000026603 (8)  DAYENU. INC.											
Principal Place of Business 2130 NE 123RD \$T NORTH MIAMI FL 33181 US		2130 NE 123	Mailing Address 2130 NE 123RD ST NORTH MIAMI FL 33181-2902 US			L SUMANDEN HAR FORMA QUENT DOUTH DOUTH DOUTH ABOUT ABOUT AREA DOUTH DOUTH ABOUT AND A CONTRACT AND A CONTRA					
		••				3. Date Inco 04/04/1	rporated or Qualified 994	3a. Date of 04/17/1		ort	
2. Princ pal FI 21	lace of Business	2a. Mailing A	ddress			4. FEI Numb				lied For Applicable	
Suite, Apt		Suite, Ap				5. Certificate	of Status Desired	T -	.75 Ad ee Req		
Gity & State 23	t:	City & Sta 28	ate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	campaign Financing Contribution		5.00 M dded to		
Ζφ <b>24</b>	Country 25	Zip 29	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
	9. Name and Address of Cur	rent Registered Age	nt	81		10. Name an	d Address of New Re	gistered Agent			
CASEY, VALEDIA M 2130 NE 123RD ST NORTH MIAMI FL 33181					Name Street Add	ress (P.O. Box N	iss (P.O. Box Number is Not Acceptable)				
				84	'			FL 85	Zip Co		
office or r agent 1 a SIGNATURE	to the privisions of Sections 607.6 edistered alient, or both, in the Stration are light accept the ob-	1. Lad	العا				this statement for the prectors. I hereby accep	ourpose of chan of the appointm	ging its ∋nt as re	registered agistered	
12,	Signature, type dior printed name of registered	agent and tibe if applicable  AND DIRECTORS	(N 11	E: Registered Age	ent signature requi	red when reinstating)	S/CHANGES TO OFFIC	DATE	CTORS	IN 12	
12. 190	Р .		DELETE	11 TITLE	T	ADDITION	S/CHANGES TO OFFIC			Addition	
NAME	CASEY CASEY VALLE	MM.		12 NAME					Ť		
STREET ADDRESS	600 SURFSIDE BLVD	•		1.3 STREET	ADDRESS						
City - Si - 7iP	SURFSIDE FL 33154			1.4 DITY-5	ST-ZIP_					<b>15.</b>	
TITLE			DELETE	2.1 TITLE				□ c	hange	Addition	
NAME				2.2 NAME							
STREET ADDRESS				2.3 STREET	1						
CHY \$1-20F			DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP		·····	11 n	hange	Addition	
NAME		L	J ULLETE	3.1 TITLE				۷ است	ra-rgo	- /100.0001	
STREET ADDRESS				3.3 STREET	ADDRESS						
CHY-ST-7P				3.4. CITY-							
Tillet			DELETE	4.1 TITLE				C	hange	Addition	
NAME				4. 2 NAME	j						
STREET ADODESS				4.3 STREET	ADDRESS						
Q11Y+S1+7#				4.4 CITY - 9	ST - ZIP	···	·				
THE			DELETE	5.1 TITLE				☐ c	hange	Addition	
NAME				52 NAME							
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-7IP			12-2-	5.4 CITY - 5	ST-ZIP			<del></del>		T-1	
TIPLE		L	) DELETE	6.1 TITLE				μc	hange	Addition	
NAME				6.2 NAME							
STREET ADORESS				6.3 STREET	ADDRESS						

14. I do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inscated 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 Brook 12 or Block 12 or on an attachment with an address.

SIGNATURE:

**FILED** 

Apr 07 1997 8:00am

Secretary of State

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