

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**DOCUMENT # P94000032408 (4)**

95 JUN 16 AM 11:41

1. Corporation Name  
**DARATO SERVICES, INC.**

Principal Place of Business  
~~2004 E OAKLAND PARK BLVD~~  
~~FORT LAUDERDALE FL 33306~~

Mailing Address  
~~2004 E OAKLAND PARK BLVD~~  
~~FORT LAUDERDALE FL 33306~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/26/1994**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **251 N.E. 38 ST.**

26 **251 N.E. 38 ST.**

4. FEI Number

**65-0485438**

Applied For

Not Applicable

22 **A-102.**

27 **A-102.**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **OAKLAND PARK FL**

28 **OAKLAND PARK FL**

6. Has the corporation been doing business in Florida since its formation?

\$5.00 May Be Added to Fees

24 **33334**

25 **BROWARD**

29 **33334**

30 **BROWARD**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**ZULUAGA, ALVARO J**  
**2024 E OAKLAND PARK BLVD.**  
**FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent

81 Name **HERUTA PASCUAL**  
82 Street Address (P.O. Box Number is Not Acceptable) **251 N.E. 38 ST. A-102.**  
83  
84 City **OAKLAND PARK** FL 85 Zip Code **33334**

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

*[Signature]*

Signature typed in first name of registered agent and title if applicable

Date

**6/9/95**

12. OFFICERS AND DIRECTORS	
TITLE	<b>PRSD</b>
NAME	<b>DARATO, ROBERTO</b>
STREET ADDRESS	<b>2004 E OAKLAND PARK BLVD.</b>
CITY ST ZIP	<b>FORT LAUDERDALE FL 33306</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. OFFICERS AND DIRECTORS	
11 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>ROBERTO DARATO</b>
13 STREET ADDRESS	<b>251 N.E. 38 ST A-102</b>
14 CITY ST ZIP	<b>OAKLAND PARK FL 33334</b>
21 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>HERUTA PASCUAL</b>
23 STREET ADDRESS	<b>251 N.E. 38 ST A-102.</b>
24 CITY ST ZIP	<b>OAKLAND PARK FL 33334.</b>
31 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>WENA NITUCANO</b>
33 STREET ADDRESS	<b>251 N.E. 38 ST. A-102</b>
34 CITY ST ZIP	<b>OAKLAND PARK FL. 33334</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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(3)(b), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/9/95 (805/561-9250)**  
Date (Optional)

CR2E034 (3/95)