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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000044140**1. Corporation Name

DANIELA - DREYER GROUP, INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90035 005 ***150.00



Principal Place	of Business	Ma	ailing Address				1	1 20041007 IIO 12017 B2011 0011 00	1811 190 118 110181	UI\$11 #[801 110	in e sani ben sani	
C/O SALES / ALVIN. INC. C/O SALES / ALVIN. INC.												
850 IVES DAIRY RD. 850 IVES DAIRY RD. MIAMI FL 33179 MIAMI FL 33179								DO NOT WRITE IN THIS SPACE				
MINMI FE 33179								3. Date Incorporated or Qualifed				
								06/13/1994			ţ	
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	FEI Number		\Box	Applied For	
21		26	•					65-0504620			Not Applicable	
Suite, Apt.	#, etc.	1-31	Suite, Apt. #, etc.				1 _			\$8.75	Additional	
22		27					5.	Certifcate of Status Desired		Fee F	Required	
City & State	9	7	City & State				6.	Election Campaign Financing		\$5.0	0 May Be	
23		28					<u> </u>	Trust Fund Contribution		Adde	d to Fees	
Zip	Country		Zip	Countr	у		8.	This corporation owes the curr	ent year In			
24	25	29	;	30				Personal Property Tax.		Yes	No	
	9. Name and Address of Curren	t Regis	tered Agent				10.	Name and Address of New I	Registered	Agent		
CHA	CE MICHAEL ATTV			81	י וי	Name						
CHASE, MICHAEL ATTY					2 5	Street Addre	ess (P	O. Box Number is Not Accept	able)			
2627 NE 203 ST. SUITE 205					_							
l				83	3						ļ	
N. M	IAMI BEACH FL 33180			84	4 (City				85 Zir	p Code	
				Ì		-			<u>FL</u>	-	,	
11. Pursuant	to the provisions of Sections 607,050 egistered agent, or both, in the State	2 and 6	07.1508, Florida Statute	s, the above	ve-n	amed corpo	oration	n submits this statement for the	purpose of of the appo	i changing i intment as	its registered registered	
agent. I ai	m familiar with, and accept the obligation	tions of	, Section 607.0505, Flori	da Statute:	s.	0 00.po.u.io.						
SIGNATURE												
	Signature, typed or printed name of registered ager		_ ```		ent si	gnature required			DATE	UD DIDEO:	5000 111 40	
12.	OFFICERS AN	ID DIKE	DELETE	13.				ADDITIONS/CHANGES TO OF	FICERS AT	Change		
TITLE	D OUNCES OFFICE W			Į.						onding.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	OHLETZ, GERT W			1.2 NAME								
STREET ADDRESS	850 IVES DAIRY RD.			1.3 STREE							ļ	
CITY-ST-ZIP					1.4 CITY-ST-ZIP					Change	e 🗍 Addition	
TITLE	•		El offere									
NAME	CHASE, MICHAEL			2.2 NAME		20000						
STREET ADDRESS	2627 NE 203 ST., SUITE 205			2.3 STREE								
CITY-ST-ZIP	N. MIAMI BEACH FL 33180		DELETE	2.4 CITY-	S1- Z	ZIP				☐ Change	e Addition	
TITLE			CT DETCIL	3.1 TITLE		}				الم الماري	}	
NAME order condens				3.2 NAME		NDEES			na-		}	
STREET ADDRESS				3.3 STREE)	
CITY-ST-ZIP TITLE		-	☐ DELETE	3.4. CITY- 4.1 TITLE	31-2	<u>ur</u>				☐ Change	e	
NAME			_ 52,2.2	4, 2 NAME	=	Ì					-	
_						NDESS					1	
STREET ADDRESS				4,3 STREE		ĺ						
CITY-ST-ZIP TITLE			DELETE	5 1 TITLE		ır				☐ Changi	e Addition	
NAME			_ 55,00.0	5.2 NAME						<u> </u>		
STREET ADDRESS				5,3 STREE		DORESS						
i !				5.4 CITY-5		ľ						
CITY-ST-ZIP			☐ DELETE	6.1 TITLE						Change	e	
NAME			_ 0000.1	6.2 NAME							_	
				6.3 STREE		ODRESS						
STREET ADDRESS				6.5 GTY-5		j					J	

14. I hereby certify 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 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, with all other than 50 more of the corporation 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, with all other than 50 more or trustee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR