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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # P94000045011 (1) 1. Corporation Name

DASZKAL CORP., INC.										
Principal Place of Business Mailing Address										
4742 N CONGRESS AVENUE SUITE 320 BOYNTON BEACH FL 33462		4742 N CONGRESS A	MIAMI SUBS. DASZKAL CORP 4742 N CONGRESS AVENUE BOYNTON BEACH FL 33462			2 Date Level 2 West	100			
US		US			3a. Date Incorporated or Qualified			•		
2. Principal Pla 21	ce of Business	28. Mailing Address 26	······ ₁			4. FEI Number 65-0520075	Applied For Not Applicable			
Suite, Apt. #	e, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additional se Required	
City & State		City & State	h, ·			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes No				
	9. Name and Address of Curr	ent Registered Agent		· · · · ·		10. Name and Address of New Ro	gistered.	Agent		
			81	N	lame					
Daszkal, david 7900 Glades Rd.			82	S	treet Addre	dress (P.O. Box Number is Not Acceptable)				
SUITE 32			83							
			84		ity		FL	. !	Zip Code	
or registere	o the provisions of Sections 607.05 od agent, or both, in the State of Fi n, and accept the obligations of, Se	onda. Such change was authoriz	zed by the corp	nan	ied corpora tion's board	tion submits this statement for the purp d of directors. I hereby accept the appo	oose of cha intrient as	inging it register	s registered office red agent. I am	
SIGNATURE _	Signature, typed or printed name of registered a	ent and tibe in appricable (NS	OTE: Bugistered Age	ert sig	nature requiradi	when renstatingi	DATE			
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	☐ DELETE	1. 1 TITLE	1. 1 TITLE 1.2 NAME				Chang	ge 🔲 Addition	
NAME	Daszkal, David		1.2 NAME							
STREET ADDRESS	7900 GLADES RD., SUITE	320	1.3 STREET ADDRESS		ORESS					
CITY-ST-7P	BOCA RATON FL 33434		1.4 CITY -		IP					
TITLE		[] DELETE	2 1 TITLE					Chang	ge 🔲 Addition	
NAME			2 2 NAME	STREET ADDRESS						
STREET ADORESS										
CITY-ST-ZIP TITLE	,	☐ DELETE	2 4 C·TY - 3 1 TITLE				-	Chang	o F3 Addition	
NAME		better	3 2 NAME				L	_j briany	ge Maddition	
STREET ADDRESS			3.3 STREE	1.40	DDECO					
CITY-ST-ZIP			3.4 CiTY-		t t					
TITLE		☐ DELE 1€	4. 1 TITLE		11			Chang	ge Addition	
NAME		-	4.2 NAME				-		🕒	
STREET ADDRESS			4.3 STREE	T ADE	ORESS				•	
CITY-ST-ZIP			4.4 C/TY-	ST-Z	iP					
TITLE	**************************************	☐ DELFIE	5. 1 TITLE]	Chang	ge Addition	
NAME			5.2 NAME							
STREET ADDRESS			5 3 STREE	1 ADD	ORESS					
CITY-ST-ZIP			5.4 CiTY-	S1 - Z	P					
TITLE	DEI		6 1 TITLE					Chang	ge 🔲 Addition	
NAME			6 2 NAME							
STREET ADORESS			63 STREE	T ADE	ORESS					
CITY-ST-ZIP	and's Abas Shairt	11 NI 112 CO	6.4 C-TY-	ST-Z	iP		L.L			
certify that oath; that I	the information indicated on this ar	nnual report or supplemental and poration or the receiver or truste	iual report is tr se empowered	He a	and accurate	r the exemption stated in Section 119.0 c and that my signature shall have the s report as required by Chapter 607, Flo	same lenal.	effect a	is if made under	

SIGNATURE:

GNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 407 969 SUBS

R2E034 (12/95)