

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

FILED

97 MAY -1 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000065914 (1)**

1. Corporation Name

DACA FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

10031 PINES BLVD. STE. 220
PEMBROKE PINES FL 33024

10031 PINES BLVD. STE. 220
PEMBROKE PINES FL 33024-6169

3. Date Incorporated or Qualified
09/08/1994

3a. Date of Last Report
06/27/1996

2. Principal Place of Business

2a. Mailing Address

21 **10021 PINES BLVD**

26 **10021 PINES BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **C-207**

27 **C-207**

City & State

City & State

23 **PEMBROKE PINES FL**

28 **PEMBROKE PINES, FL**

Zip

Country

Zip

Country

24 **33024**

25 **USA**

29 **33024**

30 **USA**

4. FEI Number

65-0521553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAVE, DOMINIQUE
11895 SW 12TH STREET
PEMBROKE PINES FL 33024**

81 Name

DOMINIQUE CAVE

82 Street Address (P.O. Box Number is Not Acceptable)

201 RACQUET CLUB RD N-405

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33326

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 and assume the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

DOMINIQUE CAVE

4/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PVST**
STREET ADDRESS **CAVE, DOMINIQUE**
CITY- ST- ZIP **10031 PINES BLVD. STE. 220
PEMBROKE PINES FL 33024**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PVST**
1.3 STREET ADDRESS **DOMINIQUE CAVE**
1.4 CITY- ST- ZIP **10021 PINES BLVD C-207
PEMBROKE PINES, FL 33024**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **CAVE, DOMINIQUE**
CITY- ST- ZIP **10031 PINES BLVD. STE. 220
PEMBROKE PINES FL 33024**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **900002168599-6**
2.3 STREET ADDRESS **-05/06/97-01141-005**
2.4 CITY- ST- ZIP ******165.00 ****165.00**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOMINIQUE CAVE
PRESIDENT**

4/21/97 (954) 431-1719

Date Daytime Phone #

CR2E034 (9/96)