

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 MAY -1 AM 7:37

DOCUMENT # **P94000065914 (1)**

1. Corporation Name
DACA FINANCIAL SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 10031 PINES BLVD. STE. 220 PEMBROKE PINES FL 33024	Mailing Address 10031 PINES BLVD. STE. 220 PEMBROKE PINES FL 33024-6169
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3. Date Incorporated or Qualified 09/08/1994	3a. Date of Last Report 06/27/1996
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21. Principal Place of Business 10021 PINES BLVD	22. Mailing Address 10021 PINES BLVD
22. Suite, Apt. #, etc. C-207	27. Suite, Apt. #, etc. C-207
23. City & State PEMBROKE PINES FL	28. City & State PEMBROKE PINES, FL
24. Zip 33024	25. Country USA
29. Zip 33024	30. Country USA

4. FEI Number 65-0521553	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**CAVE, DOMINIQUE
11895 SW 12TH STREET
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

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	85. Zip Code FL 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]* **DOMINIQUE CAVE** DATE: **4/21/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PVST	<input type="checkbox"/> DELETE
NAME CAVE, DOMINIQUE	
STREET ADDRESS 10031 PINES BLVD. STE. 220	
CITY- ST- ZIP PEMBROKE PINES FL 33024	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CAVE, DOMINIQUE	
STREET ADDRESS 10031 PINES BLVD. STE. 220	
CITY- ST- ZIP PEMBROKE PINES FL 33024	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME DOMINIQUE CAVE	
1.3 STREET ADDRESS 10021 PINES BLVD C-207	
1.4 CITY- ST- ZIP PEMBROKE PINES, FL 33024	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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****165.00 ****165.00

405-2-97

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]* **DOMINIQUE CAVE** DATE: **4/21/97** (954) 431-1719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)