


PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000076147

1. Corporation Name

THE DALLAS COMPANY ENTERPRISES, INC.

Principal Place of Business

 1840 W 49TH ST, SUITE 704
 STE 704
 HIALEAH FL 33012
 US

Mailing Address

 1840 W 49TH ST, SUITE 704
 STE 704
 HIALEAH FL 33012
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1994

4. FEI Number

65-0526757

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 owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

 RODRIGUEZ, JOSE
 7443 W. 34 LANE
 #111
 HIALEAH FL 33018

10. Name and Address of New Registered Agent

 81 Name
VIVIAN CARVAJAL-ALFONSO
 82 Street Address (P.O. Box Number is Not Acceptable)
8103 CAMINO REAL APT C113
 83
 84 City
MIAMI FL 85 Zip Code
33143

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, JOSE	
STREET ADDRESS	1840 W 49TH ST., STE 704	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	VIVIAN CARVAJAL-ALFONSO	
STREET ADDRESS	8103 CAMINO REAL # C.113	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	JOSE RODRIGUEZ	
STREET ADDRESS	7443 W. 34 LANE #111	
CITY-ST-ZIP	HIALEAH, FL 33018	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 (305)

Date

Daytime Phone #

CR2F034 (4/9/99)