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

Maiting Address

MINCHAEL STEVEN GREENED

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076454 (5)

DARING CORPORATION

Principal Place of Business

MINCHAEL STEVEN GREENED.

201 S. BISCAYNE BLVD NO 900 201 S. BISCAYNE BLVD NO 900 MIAMI FL 33131-4326 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 10/18/1994 03/28/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0526937 26 Michael Steven Greene, Esq Not Applicable Michael Steven Greene Esq \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Zici Country Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No. 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GREENE, MICHAEL S 201 SOUTH BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 900 **MIAMI FL 33131** 83 84 Zip Code 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 farm-ar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signative, lycel to printed name of legistried agent aid to ell applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change Addition GREENE, MICHAEL S 1.2 NAME MAM 201 SOUTH BISCAYNE BLVD., SUITE 900 STREET ACORESS 1.3 STREET ADDRESS MIAMI FL 33131 Offit - ST - ZIP 1.4 CITY - ST - ZIP ___ DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 0.5Y - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME MAME STREET ADDRESS 3.3 STREET ADDRESS CHT-ST-20P 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 73P

4.4 CITY - ST - 79P

5.1 TITLE

5.2 NAME

6.1 THILE

6.2 NAME

SIGNATURE:

 I do hereby certify that the information supplied with this finformation indicated on this annual report or supplement. Lam an officer or director of the corporation or the appears in Block 12 or Block 13 if Changed, or o

STEELT ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

Crt'r - S1 - 2IP

COTY-ST ZIP

TITLE NAME

DILE

NAME

DELETE

DELETE

Jan. 22, 1997

ing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the fannual seport is true and accurate and that my signature shall have the same legal effect as if made under oath; that or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

305-358-5000

FILED

Jan 31 1997 8:00am

Secretary of State

Change

Change

Addition

Addition

(96/6)E034