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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90002 021 ***150.00

DOCUMENT #	P94000076645 ~
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

1.	DYNA	n Name	CORP.				
		e of Business	Mailing Address 2820 NW 7	2 N D	AVE	NUE	
М	MIAMI FL, 33122 MIAMI FL, 33122				DO NOT WRITE IN THIS SPACE		
		•	,				3. Date Incorporated or Qualifed 10-19-1994
2. 1	Principal P	face of Business	2a. Mailing Address				4. FEI Number
21			26				65-0527015
22	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
	City & Stat	е	City & State				6. Election Campaign Financing Trust Fund Contribution Advanced
24	Zip	Country 25	Zip 29	30	Count	ry	8. This corporation owes the current year Intangible Personal Property Tax.
		9. Name and Address of C	urrent Registered Agent		\perp		10. Name and Address of New Registered Agent
	HTRON	O IZUMI			8	1 Name	
		N.W. 72ND AVE	NUE		8	2 Street	Address (P.O. Box Number is Not Acceptable)
]	MIAMI	FL, 33122			8	3	
:					8	4 City	FL 85
11.	office or a	egistered agent or both in the	7.0502 and 607.1508, Florida S State of Florida. Such change w obligations of, Section 607.0505	as autho	orized b	y the corp	corporation submits this statement for the purpose of changin oration's board of directors. I hereby accept the appointment a
SIG	NATURE	Signature, typed or printed name of register	red agent and title if applicable. (NOTE: Reg	stered Ag	ent signature i	required when reinstating) DATE
12.		OFFICER	RS AND DIRECTORS	٥.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE
TITLE		D	_ DELET	E į	1.1 TITLE		☐ Cha
NAME	Ε	HIRONO IZUMI			1.2 NAME	•	
STRE	ET ADDRESS	2820 N.W. 72NI			1.3 STRE	ET ADDRESS	
CITY-	-ST-ZIP	MIAMI FL, 3312			1.4 CITY	ST-ZIP	
TITLE	Ε		☐ DELET	E	2.1 TITLE		. Cha
NAME	Ε			1	2.2 NAME	•	

Zip Code e purpose of changing its registered ept the appointment as registered

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	ole. (NOTE: Re	gistered Agent signature req	uired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	HIRONO IZUMI		1.2 NAME		
STREET ADDRESS	2820 N.W. 72ND AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL, 33122		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	. Change	Addition
NAME		:	2.2 NAME		
STREET ADDRESS	5		2.3 STREET ADDRESS	the company of the part of the	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME			4.2 NAME		
STREET ADDRESS	5		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS	5		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	5		6.3 STREET ADDRESS		
CITY-ST-ZIP			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 frustee 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:

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No