

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000008725 (0)**

1. Corporation Name

**DARING ADVERTISING AND PROMOTIONS, INC.**



Principal Place of Business

Mailing Address

6555 N.W. 36TH ST.  
SUITE 203  
MIAMI FL 33166

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SUITE 203  
MIAMI FL 33166

3. Date Incorporated or Qualified

3a. Date of Last Report

**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 **6501 N.W. 36 ST.**

26 **6501 N.W. 36 ST.**

4. FEI Number

Applied For

Not Applicable

**65-0631834**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

**STE 112**

**STE 112**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23 City & State

28 City & State

**MIAMI, FL**

**MIAMI, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 Zip

Country

29 Zip

Country

**33166**

**U.S.A.**

**33166**

**U.S.A.**

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

**SARANDREA, ALEXANDRA**  
**6555 N.W. 36TH ST.**  
**SUITE 203**  
**MIAMI FL 33166**

81 Name

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

83

84 City

**FL**

85 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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **SARANDREA, ALEXANDRA**  
STREET ADDRESS **1365 STILLWATER DR.**  
CITY-STATE-ZIP **MIAMI BEACH FL 33141**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **8545 CRESPI BLVD**  
1.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE  
NAME **FUENTES, SONIA M**  
STREET ADDRESS **8887 FOUNTAINBLEAU BLVD., APT. 303**  
CITY-STATE-ZIP **MIAMI FL 33172**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE  
NAME **VALDEZ, PATRIA**  
STREET ADDRESS **8109 N.W. 94TH LANE**  
CITY-STATE-ZIP **TAMARAC FL 33321**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **VALDES, PATRIA**  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Patria Valdez Director**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/96 (305) 871-0765**  
Date Daytime Phone #

CR2E034 (12/95)