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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

(302)

4/28/97

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008725 (0)

DARING ADVERTISING AND PROMOTIONS, INC.

8501 NW 36ST **8501 NW 38ST SUITE 112** SUITE 112 MIAMI FL 33166-6961 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 01/30/1995 2. Principal Place of Business 2a. Mailing Address Applied For 3RD AVE 2525 SW Not Applicable 65-0631834 Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 105 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Zø Country 8. This corporation has liability for intangible tax under s. 199.032, 08A 29 **3**0 Yes No 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name SARANDREA, ALEXANDRA 6555 N.W. 38TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 SW 3ND AVE SUITE 203 83 **MIAMI FL 33166** 101 84 20 Code 33/20 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. (NOTE: Registered Agent signature required when remistating) Signature, typod or printed name of registernic operation distinct applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) Change DELETE Addition TITLE 1.10000 NAME SARANDREA, ALEXANDRA 1.2 NAME STREET ADDRESS 8545 CRESPI BLVD 13 STREET ADDRESS <u>Miami Beach Fl</u> CITY-ST-ZIP 1.4 CHY+S1+ZIP DELFTE 21 TITLE Change Addition TITLE NAME FUENTES, SONIA M 2.2 NAME STREET ADDRESS 8887 FOUNTAINBLEAU BLVD., APT. 303 2.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 2. 4 CITY - ST - ZIF DELFTE Change TITLE 3.1 10716 Addition VALDES, PATRIA 3.2 NAME STREET ADDRESS 8109 N.W. 94TH LANE 3.3 STREET ADDRESS CITY-ST-ZIP TAMARAC FL 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TIFLE NAME 4.2 NAM2 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CH1Y - \$1 - ZIP DETETE Addition TITLE 5 1 TILLE NAME 5.2 NAMI STREET ADDRESS 5.3 STHEFT ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6 1 111LE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 Statutos; and that my name