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

Mailing Address

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90171 025 ***150.00

DOCUMENT # P95000012889

1. Corporat on Name

Dain air al Diana of Dunain and

SOUTH FLORIDA TRANSPORTATION DIVISION, INC.

еппсіраї екіс	e or pasitiess	Mailing Address					
300 N KROME AVE BUILDING 11A, OFFICE 4		300 N KROME AVE BUILDING 11A. OFFICE 4		DO NOT W	DITE IN THIS SPACE		
FLORIDA CITY FL 33034		FLORIDA CITY FL 33034		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualife 02/15/1995	d	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	lied For
24		26			65-0557352	No	Applicable
Suite, Art. #, etc.		Suite, Apt. #, etc.			\$8.75 A	c ditional	
		27			5. Certificate of Status Desired	Fee Re	
City & Stat	to .	City & State			6. Election Campaign Financin	9 _ \$5.00	Nov Po
¬ ´		28		Trust F and Contribution Added to Fees			
23 Zip	Country	Zíp	Counti		8. This corporation owes the co		
¬ '		⊢		,	Person al Property Tax.		[]No
24	25	29	30		10. Name and Address of New		
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Haille and Address of Her	r registere a rigent	
\A/LIF	TLEY, DANNY		١٠	1 Ivanie			
300 N KROME AVE		82 Street Ad		2 Street Addr	dress (P.O. Box Number is Not Acceptable)		
BUILDING 11A, OFFICE 4 FLORIDA CITY FL 33034			8	3			
FLO	RIDA CITY PL 33034		8	4 City		, 85 Zip (Code
				'		FL	
11. Pursuant office or agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State of the maniliar with, and accept the objection	and 607.1508, Florida Statu Florida. Such change was a ps of, Section 607.0505, Flo	nes, the abo cuthorized b crida Statute	y the corporations.	oration submits this statement for the oration's board of directors. I hereby acc	the purpose of changing its cept the appointment as reported to the appointment as a specific to the appointment as a specif	gistered
OIONATOR 2	Signature, typed or printed name of registered agent	and title if applicable. (NOT	I : Registered Ag	ent signature required			
12.	OFFICERS AND	DIREO TORS	13.		ADDITIC NS/CHANGES TO C		
TITLE	PST	✓ □ DELETE	1.1 TITLE	:		☐ Change	☐ Addition
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STREET ADDRESS	COO NEWDOME AND DEDO 444	#4	1.3 STRE	ET ADDRESS			
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~			2.2 NAME		استعملته مرااه بالمالم		
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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 recuired 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: