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Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000013110 (8)

1. Corporation Name

D & B ASSOCIATES, INC.



Principal Place of Business

~~318-A S.W. 12TH AVE.~~
MIAMI FL 33130

Mailing Address

~~318-A S.W. 12TH AVE.~~
MIAMI FL 33130-2012

3. Date Incorporated or Qualified

02/14/1995

3a. Date of Last Report

07/29/1996

2. Principal Place of Business

21 320A S.W. 12TH AVE.

2a. Mailing Address

26 320A S.W. 12TH AVE.

Suite, Apt. #, etc.

22 320A

City & State

23 Miami, Florida

Zip

24 33130

Country

25 U.S.A.

City & State

27 Miami, FL

Zip

28 33130

Country

29 U.S.A.

City & State

30 Miami, FL

Zip

31 33130

Country

32 U.S.A.

City & State

33 Miami, FL

Zip

34 33130

Country

35 U.S.A.

City & State

36 Miami, FL

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City & State

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Zip

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Country

50 U.S.A.

City & State

51 Miami, FL

Zip

52 33130

Country

53 U.S.A.

City & State

54 Miami, FL

Zip

55 33130

Country

56 U.S.A.

9. Name and Address of Current Registered Agent

LOPEZ, HUMBERTO

~~318-A S.W. 12TH AVE.~~

MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name LOPEZ, Humberto

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

320A S.W. 12TH AVE

83

84 City MIAMI

FL

85 Zip Code

33130

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]

(NOTE: Registered Agent signature required when reinstating)

24 April 97

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME LOPEZ, HUMBERTO
STREET ADDRESS ~~318-A S.W. 12TH AVE.~~
CITY-ST-ZIP MIAMI FL 33130

TITLE VSD ☐ DELETE

NAME CUBILLOS, DILMA M
STREET ADDRESS 318-A S.W. 12TH AVE.
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 320A S.W. 12TH AVE.

1.4 CITY-ST-ZIP MIAMI, FL 33130

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 320A S.W. 12TH AVE.

2.4 CITY-ST-ZIP MIAMI, FL 33130

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address

SIGNATURE:

[Signature]

24 April 97

(305) 643-6567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)