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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000016086 (7) DOCUMENT # Corporation Name

DAVOCOM ONE, INC.

Principal Place of Business	Mailing Address
1790 CORAL WAY	1790 CORAL WAY
STE 100	STE 100
MIAMI FL 33145	MIAMI FL 33145

## FILED Apr 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0558435 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Rodriguez, Luis F 1790 CORAL WAY Street Address (P.O. Box Number is Not Acceptable) 82 STE 100 83 MIAMI FL 33134 84 City 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 native of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 TITLE Change TITLE RODRIGUEZ, LUIS F NAME 1.2 NAME 1790 CORAL WAY., STE 100 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33145 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE KAUFMAN, JOHN NAME 2.2 NAME 1790 CORAL WAY., STE 100 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE **PENA. JESUS** 3.2 NAME NAME 1790 CORAL WAY., STE 100 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP 3.4. CiTY-ST-ZiP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CiTY-ST-ZiP CITY-ST-2IP

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 trisled impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or to Block 12 or Block 13 if changed, or un an attachment w Malau