## 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

DOCUMENT #

P95000028437 (8)

## FILED May 01 1998 8:00am Secretary of State

DRAL	.l, INC.					
Principal Pla	ace of Business	Mailing Address				
513 N. DIXIE HWY HALLANDALE FL 33009		1119 N.E. 6TH STREET HALLANDALE FL 33009			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	$\neg$
					04/11/1995	
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0683351 Not Applicat	ole
Suite, Ap	rt. <b>#, etc</b> .	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22	- 1	27			Fee Required	
City & St	ate	City & State			6. Election Campaign Financing \$5.00 May Be	
Zip	Country		Cour	tr	Trust Fund Contribution	
24	25	29	Cour 30	ıtry	8. This corporation owes or has paid the current year Intangible	
24	g, Name and Address of Curre		[30]	<del> </del>	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	$\dashv$
L	AILENKOVIC, DEJAN			B1 Name		$\dashv$
	119 N.E. 6TH STREET		L.	• •		
	IALLANDALE FL 33009		[	B2 Street /	Address (P.O. Box Number is Not Acceptable)	
•				B3		$\dashv$
			Į.	24 07		
			1	B4 City	FL 85 Zip Code	
11. Pursuan	nt to the provisions of Sections 607.050	02 and 607 1508, Florida Statut	es, the ab	ove-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	ed .
egent. I	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Flo	authorized orida Statu	by the corp tes.	poration's board of directors. I hereby accept the appointment as registered	1
SIGNATURE						
	Signature, typed or printed name of registered ag		. Flegislered	Agent signature	e required when reinstating) DATE	- F
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CTTVANOVAC ODACICA	DELETE 1.1 TIT		J	Change Additi	on 3
NAME OTREET ADDRESS	STEVANOVIC, DRAGISA 1119 N.E. 6TH STREET		1.2 NAM			3
STREET ADDRESS	HALLANDALE FL 33009		1.3 STREET ADDRESS			ļ
CITY+ST-ZIP TITLE	VD			/-ST-ZIP	Change Additive	<u></u> _}
NAME	MILENKOVIC, DEJAN			_	Change L Addition	on
STREET ADDRESS	****		2 2 NAM	EET ADDRESS		- 1
CITY-ST-ZIP	HALLANDALE FL 33009		4	Y-ST-ZIP		
TITLE	14100 1110 1110 1110 1110	☐ DELETE	3.1 TITL	F	CARRO Change Addition	00
NAME			3.2 NAN	16	GARIC PETKO Change Addition 20355 N. F. 34 C+.	
STREET ADDRESS	i <b>!</b>		1	EET ADDRESS	20355 N.G. 34 C.	
CITY-ST-ZIP				Y-ST-ZIP	Aventura, Pl. 33180	
TITLE		DELETE	4.1 TITL		☐ Change ☐ Addition	an
NAME			4. 2 NA	AE		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE			5.1 TITL		☐ Change ☐ Addition	on i
NAME			5.2 NAM	IE	_ ,	
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY-ST-ZIP				- ST - ZIP		
TITLE	Dr. Par		6.1 TITL		Change Addition	n
NAME	i		6.2 NAM	€		
STREET ADDRESS			6.3 STR	ET ADORESS		
CITY-ST-ZIP			SACITY	-ST-ZIP		

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 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