

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000052407 (0)

1. Corporation Name

DANIEL CLUB WHOLESale, INC.



Principal Place of Business

Mailing Address

16495 NW 49 AVE.  
MIAMI FL 33014

16495 NW 49 AVE.  
MIAMI FL 33014

3. Date Incorporated or Qualified

07/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0602430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

DANIEL, DAVID  
16497 N.W. 49TH AVE.  
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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 name of registered agent and title if applicable

(Initials) Registered Agent's signature, required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DANIEL, MOSHE	
STREET ADDRESS	16494 FOX DEN CT.	
CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DANIEL, ISAAC	
STREET ADDRESS	16425 FOX DEN CT.	
CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DANIEL, AHRON	
STREET ADDRESS	16425 FOX DEN CT.	
CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DANIEL, DAVID	
STREET ADDRESS	16425 FOX DEN CT.	
CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIEL, JACOB	
STREET ADDRESS	16425 FOX DEN CT.	
CITY - ST - ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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\*\*\*225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID DANIEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/96

Date

305-620-2090

Daytime Phone

CR2E034 (3/96)