

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

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**Mar 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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  
**16495 NW 49 AVE.  
MIAMI FL 33014**

Mailing Address  
**16495 NW 49 AVE.  
MIAMI FL 33014-6318**

3. Date Incorporated or Qualified <b>07/07/1995</b>	3a. Date of Last Report <b>07/19/1996</b>
4. FEI Number <b>65-0602430</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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
85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 \_\_\_\_\_ (NEED Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE <b>DANIEL, MOSHE 16494 FOX DEN CT. MIAMI LAKES FL 33014</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DANIEL, ISAAC</b>	<input type="checkbox"/> DELETE <b>16425 FOX DEN CT. MIAMI LAKES FL 33014</b>	1.2 NAME	
STREET ADDRESS <b>SD</b>	<input type="checkbox"/> DELETE <b>DANIEL, AHRON 16425 FOX DEN CT. MIAMI LAKES FL 33014</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP <b>TO</b>	<input type="checkbox"/> DELETE <b>DANIEL, DAVID 16425 FOX DEN CT. MIAMI LAKES FL 33014</b>	1.4 CITY-STATE-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>DANIEL, JACOB 16425 FOX DEN CT. MIAMI LAKES FL 33014</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DIRECTOR</b>	<input type="checkbox"/> DELETE <b>DANIEL SANDRA 3840 QUAYSIDE DR. COOPER CITY, FL 33026</b>	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: \_\_\_\_\_ Date: **3/20/97** Digitized File # **305-620-2090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)