

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 07/07/1995	
4. FEI Number 65-0602430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (NOTE: Registered Agent 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	D	<input type="checkbox"/> DELETE
NAME	DANIELS, SANDRA	
STREET ADDRESS	3840 QUATSIDE DR	
CITY-ST-ZIP	COOPER CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DANIEL, Moshe	
1.3 STREET ADDRESS	11745 ROSE WAY	
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33026	
2.1 TITLE	VD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DANIEL, ISAAC	
2.3 STREET ADDRESS	11745 ROSE WY.	
2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33026	
3.1 TITLE	SD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DANIEL, AHRON	
3.3 STREET ADDRESS	11745 ROSE WAY	
3.4 CITY-ST-ZIP	MIAMI LAKES, FL 33026	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DANIEL, JACOB	
5.3 STREET ADDRESS	11745 ROSE WAY	
5.4 CITY-ST-ZIP	MIAMI LAKES, FL 33026	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-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.

SIGNATURE _____ DATE **1/13/98**

CR2E034 (10/97)