

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

FILED

Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000052478 (1)

1. Corporation Name
DADE BLOCK, INC.



Principal Place of Business

1313 PONCE DE LEON BLVD., STE. 300
CORAL GABLES FL 33134

Mailing Address

1313 PONCE DE LEON BLVD., STE. 300
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1995

4. FEI Number

65-0590791

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 6330 W. 21st Ct
Suite, Apt. #, etc.

22 City & State
Hialeah FL

23 Zip
33014

24 Country
USA

2a. Mailing Address

26 6330 W. 21st Ct
Suite, Apt. #, etc.

27 City & State
Hialeah FL

28 Zip
33014

29 Country
USA

9. Name and Address of Current Registered Agent

HERNANDEZ, GUSTAVO
1313 PONCE DE LEON BLVD., STE. 300
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name William Machin

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

83 8115 N.W. 162nd St

84 City Miami FL

85 Zip Code 33014

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, 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MERINO, LUIS
STREET ADDRESS 7695 NO AUGUSTA DR
CITY-ST-ZIP MIAMI LAKES FL

TITLE SD
NAME MACHIN, WILLIAM
STREET ADDRESS 4291 W 18 LANE
CITY-ST-ZIP HIALEAH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 supplementary 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 in an attachment with an address

CR2E034 (10/97)