

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90011 048 ***550.00

DOCUMENT # P95000062095

1. Corporation Name
DAWAI, INC.

Principal Place of Business

5321 NW 84TH AVE
LAUDERHILL FL 33351
US

Mailing Address

5321 NW 84TH AVE
LAUDERHILL FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1995

4. FEI Number

65-0641750

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 the current year Intangible

Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 11120 N. KENDALL DR

Suite, Apt. #, etc.

22 201

City & State

23 MIAMI FL

Zip

24 33176

Country

25 USA

2a. Mailing Address

26 11120 N. KENDALL DR

Suite, Apt. #, etc.

27 201

City & State

28 MIAMI FL

Zip

29 33176

Country

30 USA

9. Name and Address of Current Registered Agent

MCALLISTER, GLORIA
5321 N.W. 84TH AVENUE
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name

ROBERT RACHLIN

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

11120 N. KENDALL DR #201

83

84 City

MIAMI

FL

85 Zip Code
33176

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/26/99

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MCALLISTER, GLORIA
STREET ADDRESS 5321 N.W. 84TH AVENUE
CITY-ST-ZIP LAUDERHILL FL 33351

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/99

Date

(305) 270-2040

Daytime Phone #

CR2E034 (11/98)

0318960