

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000078426 (0)

1. Corporation Name  
DARI MACHINING, INC.

Principal Place of Business

431 NE 26TH CT  
POMPANO BEACH FL 33084

Mailing Address

431 NE 26TH CT  
POMPANO BEACH FL 33084-5426

2. Principal Place of Business

21 641 NE 26TH CT

Suite, Apt. #, etc.

22 BAY A

City & State

23 POMPANO BEACH FL

Zip

24 33064

Country

25 BROWARD

Zip

26 641 NE 26TH CT

Suite, Apt. #, etc.

27 BAY A

City & State

28 POMPANO BEACH FL

Zip

29 33064

Country

30 BROWARD

Zip

3. Date Incorporated or Qualified  
10/09/1995

4. FEI Number  
65-0608617

5. Certificate of Status Desired  
□ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution  
□ \$5.00 May Be  
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  
X Yes □ No

8. Date of Last Report  
05/01/1996

9. Name and Address of Current Registered Agent

BOSCH ACCOUNTING AND TAX SERVICES CORP  
5440 N STATE ROAD 7, SUITE #8  
FT LAUDERDALE FL 33318

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
FL 33319

BOSCH ACCOUNTING AND TAX SERVICES CORP.  
5440 N STATE ROAD 7, SUITE #5

11. Pursuant to the provisions of Sections 607.0605 and 607.0608, 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 607.0605, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

04/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, JOSE R	1.2 NAME	
STREET ADDRESS	1465 NW 128TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSORIO, SOFIA C	2.2 NAME	
STREET ADDRESS	11565 NW 41ST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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:

04/17/97 (954) 943-9875

CR2E034 (9/96)