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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # P95000078426 (0)  DARI MACHINING, INC.  |  |   |                                     |  | ###################################### |
|--|--|---|-------------------------------------|--|--|
| Principal Place of Business 641 NE 26TH CT BAY A POMPANO BEACH FL 33064 US   |  | Mailing Address 641 NE 26TH CT. BAY A POMPANO BEACH FL 33064 US |                                     |  | LOODA KOKKI SABAR ANDAD BAIK LERK      |
|  |  |   |                                     | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified                     | SPACE                                  |
|  | flace of Business                      | 2a. Mailing Address   |                                     | 10/09/1995<br>4. FEI Number  | Applied For                            |
| 21   |  | 26  |                                     | 65-0608617   | Not Applicable                         |
| Suite, Apt. #, etc. 27   |  | Suite, Apt. #, etc.   |                                     | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Regulred      |
| City & State   |  | City & State  |                                     | 6. Election Campaign Financing   | \$5.00 May Be                          |
| 23   |  | 28  |                                     | Trust Fund Contribution  | Added to Fees                          |
| Zip<br>24  | Country 25                             | Zip   | Country                             | 8. This corporation owes or has paid the cu                                |  |
| 241  | 9. Name and Address of Current         |   | 30                                  | Personal Property Tax due June 30.  10. Name and Address of New Registered | Yes X No                               |
| E  | BOSCH ACCOUNTING AND TAX S             | ERVICES CORP  | B1 Name                             |  |  |
| 5440 NW STATE ROAD 7, STE. 5   |  |   | 82 Street Addre                     | ess (P.O. Box Number is Not Acceptable)                                    |  |
| FT LAUDERDALE FL 33319   |  |   | 83                                  |  |  |
|  |  |   |                                     |  |  |
|  |  | _   | 84 City                             | FL   | 85 Zip Code                            |
| 11. Pursuant to the provisions of Sporttop 607.0502 and a V 1508, Florida Statules, 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 the accept the appointment as registered statutes. |  |   |                                     |  |  |
|  | m familiar with the accept the obligat | ions of Section 607.0505, Flor                                  | ida Statutes.                       | 11/2   | 100                                    |
| SIGNATURE  |  |   | Registered Agent signature require  | ed when reinstating) DATE  | 770                                    |
| 12.  | AND CERS AND                           | - \   | 13.                                 | ADDITIONS/CHANGES TO OFFICERS AN   |  |
| TITLE  | PT CARDEDA JOSE D                      | ☐ DELETE  | 11 TITLE                            |  | ☐ Change ☐ Addition                    |
| NAME<br>Street address   | CABRERA, JOSE R<br>354 MALLARD ROAD    |   | 1.2 NAME<br>1.3 STREET ADDRESS      |  |  |
| CITY-ST-Z#P  | WESTON FL                              |   | 1.4 CITY-ST-ZIP                     |  |  |
| TITLE  | VS                                     | ☐ DELETE  | 2.1 TITLE                           |  | ☐ Change ☐ Addition                    |
| NAME   | CABRERA, M. WELMA                      |   | 2.2 NAME                            |  |  |
| STREET ADDRESS   | 354 MALLARD ROAD                       |   | 2.3 STREET ADDRESS                  |  |  |
| CITY-ST-ZIP  | WESTON FL                              | T Driver  | 2. 4 CITY - \$1 - ZIP               |  |  |
| TITLE<br>NAME  |  | ☐ DELETE  | 3.1 TITLE                           |  | Change L Addition                      |
| STREET ADDRESS   |  |   | 3.2 NAME                            |  |  |
| CITY-ST-ZIP  |  |   | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP |  |  |
| TITLE  |  | DELETE  | 4.1 TITLE                           |  | ☐ Change ☐ Addition                    |
| NAME   |  |   | 4. 2 NAME                           |  |  |
| STREET ADDRESS   |  |   | 4.3 STREET ADDRESS                  |  |  |
| CITY+ST-ZIP  |  |   | 4.4 CITY - ST - ZIP                 |  |  |
| TITLE  |  | ☐ DELETE  | 5.1 TITLE                           |  | Change Addition                        |
| NAME<br>STREET ADDRESS   |  |   | 5.2 NAME                            |  |  |
| STREET ADDRESS   |  |   | 5.3 STREET ADDRESS                  |  |  |
| CITY-ST-ZIP<br>TITLE   |  | DELETE  | 5.4 CITY - ST - ZIP<br>6.1 TITLE    |  | Change Addition                        |
| NAME   |  |   | 6.2 NAME                            |  | E cumile E Modifful                    |
| STREET ADDRESS   |  |   | 6.3 STREET ADDRESS                  |  |  |
| OITH OT 310  |  |   |                                     |  | Į.                                     |

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. 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 13 if changed, or on an all achiment with an address.

11/02/91

**FILED** 

May 14 1998 8:00am

Secretary of State