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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90060 038 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000078426					
1. Corporation Name 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			
DQ NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date incorporated or Qualified 10/09/1995 4. FEI Number 65-0608617 Applied For 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 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BOSCH ACCOUNTING AND TAX SERVICES CORP 5440 NW STATE ROAD 7, STE. 5 FT LAUDERDALE FL 33319			10. Name and Address of New Registered Agent 81 Name JOSE R. CABRERA 82 Street Address (P.O. Box Number is Not Acceptable) 641 N.E. 26th CT BAY A 83 84 City POMPANO BEACH FL 85 Zip Code 33064		
11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 _____ DATE 03/31/99 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE PT NAME CABRERA, JOSE R STREET ADDRESS 354 MALLARD ROAD CITY-ST-ZIP WESTON FL VS NAME CABRERA, M. WELMA STREET ADDRESS 354 MALLARD ROAD CITY-ST-ZIP WESTON FL DELETE DELETE DELETE DELETE			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 Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition		
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, with all other like empowered.					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/99 (954) 943-9875
Date Daytime Phone #

CR2E034 (11/98)