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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 20 1997 8:00am

Secretary of State

Daylime Phone #

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P95000081359 (8)

DANTE RESTORATIONS, INC.

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business Mailing Address 1411 INDIAN ROAD 1411 INDIAN ROAD WEST PALM BEACH FL 33406-7813 WEST PALM BEACH FL 33406 3a. Date of Last Report 3. Date Incorporated or Qualified 10/24/1995 04/19/1996 2. Principal Plane of Business 2a. Mailing Address 4. FEI Number Applied For 65-0631465 Not Applicable 21 26 Suite. Apt. #. etc. Suite: Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032. Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAUSCH, MARY CPA 1411 INDIAN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33406 83 84 City 85 Zip Code 11. Pursaint 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. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE $(x-x_{j})$ is the printed for all of regulators algorithms the i^{\prime} applicable (NOTE Registered Agent signature required when reinslating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Did DETETE 1 1 TITLE ☐ Change ☐ Addition ALNOOR KASSAM 1.2 NAME CR2E034 NAME 85 THORNCLIFFE PK, DR. APT 2809 STREET ADORESS 1.3 STREET ADDRESS TORONTO ON 1.4 CITY - \$1 - ZIP City-St 202 DELETE Change Addition THE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY \$1.70 2 4 CITY-ST-ZIP DELETE Addition Change 3 1 TITLE THUE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3 4. CITY - \$1 - ZIP ODY: \$1.20 DELETE Addition 4.1 Tille Change Titel 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS COLY ST- ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE THEF 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHY 51 26 DELETE Addition Change 61 TIME THE NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS Y-ST-ZIP 14. I do nicreby certify that the information supplied with this fring does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or suppliemental annual report is true and occurate 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 if the receiver or trustee empowered to recute this report as required by Chapter 607, Florida Statutes; and that my name