FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT

1997



STATE FLORIDA DEPARTMENT

Sandra B. Morth

Secretary of State DIVISION OF CORPORATORS

DOCUMENT # P95000081988 (4)

DANDAR TRADING INC.

FILED Apr 29 1997 8:00am Secretary of State



| Principal Place of Business | | | Mailing Address | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
|-------------------------------|--|---------------------------|---|--------------------------|--------------------|---|---------------|-----------------------|----------------------|
| 812 NW 106 TE PEMBROKE PIN | | | 2 NW 108 TERRACE MBROKE PINES FL 33 | 026-3927 | | | | | |
| | | | | | | Date Incorporated or Qualified 10/25/1995 | | e of Last R 8/1996 | leport |
| 2. Principal Pr | ace of Business | 2a. | Mailing Address | | J | 4. FEI Number | | A | polied For |
| 21 | The Country of the Co | 26 | g., / e.s., c.c. | | | 65-0634825 | |] N | ot Applicable |
| Suite, Apt | #. etc. | - 201 | Suite, Apt. #, etc. | | | T. O. Will A. of Chat in Desired | | | Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | L1 | Fee R | equired |
| City & State | e | 151 | City & State | | , | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | ony or one | | | Trust Fund Contribution | | | to Fees |
| Ζφ | Country | 1291 | Zip | Cou | tγ | 8. This corporation has liability for | intangible | ax under f | s. 1 9 9.032, |
| 24 | 25 | 29 | . , | 30 | i | Florida Statutes | Yes 🛂 | No No | |
| <u></u> 1 | 9. Name and Address of Curre | | tered Agent | 1201 | ,) | 10. Name and Address of New Ro | egistered A | lgent | |
| NIS | CLAIR, DARA | | | | Name | | | |) |
| | NW 106TH TERRACE | | | - 4 | 20 20 11 | Idress (P.O. Box Number is Not Accepta | hie) | | |
| | BROKE PINES FL 33026 | | | Λ' | B2 Street Ad | idress (P.O. Box Number is Not Accopte | 1010) | | |
| : CW | DHONE FINES I E 50020 | | | <u>/</u> | вз | | | | |
| | | | | 1 | | | | 11 *** | 0.4 |
| | | | | [] | 64 City | | FL | 85 Zip | Code |
| | 007.0 | | 07.4500 5 01 | | aug agged o | erporation submits this statement for the | nurpose of | changing | its registered |
| 11. Pursuant | to the provisions of Sections 607.0s equatored agent, or both, in the Sta | suz and o te of Florid | 07.1508, Fiorida Siait da. Such change was | utes, me az authoriza | by the corpo | ration's board of directors. I hereby acce | pt the app | ointment a | s registered |
| agent La | m familiar with, and accept the obli | igations of | f, Section 607.0505, F | lorida Sta | ites. | orporation submits this statement for the ration's board of directors. I hereby acceptation | | | |
| SIGNATURE | | | | | | | DATE | <u></u> | |
| | Signature, typed or printed name of registerions | | | | Agent signature re | quired when reinstating) ADDITIONS/CHANGES TO OFF | | DIRECTO | RS IN 12 |
| 12. | OFFICERS A | ND DIREC | | 13. | | ADDITIONS/CHANGES TO OTT | OCITO AITE | Change | |
| THLE | P | | ☐ DELETE | 1.1 11 | | | | (5/12/18/ | |
| NAMI . | SINCLAIR, DARA | | | 1.2 N | ME | | | | |
| STREET ADDRESS | 312 NW 108TH TERRACE | | | 135 | REET ADDRESS | | | | |
| rcity-St-72 | PEMBROKE PINES FL | | | 1.4 CI | Y-ST-ZIP | | | 1 10 | Addiso |
| TITLE | VP | | ☐ DELETE | 2.1 Ti | LE | | | Change | Addition |
| NAME. | DANE, SINCLAIR | | | 2.2 N | ME | | | | |
| STREET ADORESS | 312 NW 106 TERRACE | | | 2.3 \$ | REET ADDRESS | | | | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | | 240 | TY-ST-ZIP | | <u> </u> | | |
| THILE | | | DELETE | 3.1 TL | | | | Change | e 🔲 Addition |
| NAME | | | _ | 3.2 N | LIME I | | • | | |
| ** | | | | | REET ADDRESS | | | | |
| STREET ADDRESS | | | | | Į. | | | | |
| · CITY · S1 - ZiP | | | DELETE | | TY-ST-ŽIP | | ····· | Change | e Addition |
| nite | | | | 4 1 Ti | | | | • | |
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| STREET ADDRESS | | | | 1 | IREET AODRESS | | | | |
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| NAME | | | | 5.2 N | AME | | | | |
| -STREET ADORESS | | | | 5.3 S | TREET ADDRESS | | | | |
| -CitY-S1-ZiF | | | | 5.4 C | ITY-ST-ZIP | | | | 1 4 4 8 8 |
| TITLE | | | DELETE | 6.1 T | ITLE | | | [] Chang | je 🔲 Addition |
| NAME | | | | 6.2 N | AME | | | | |
| ţ | | | | | TREET ADDRESS | | | | |
| STREET ADDRESS | | | | 1 | | | | | |
| -CIPY-ST-ZIP | · | | | 0.4 L | ITY-ST-21P | Tieride Char | - a - a - b b | or coatify th | not the |

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: