Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90121 007 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092596

1. Corpora ion Name

DANGEBOUR INVESTIGATIVE MINDS INC

DANGER	OOS HAAESTIGWLIAE MIIND	3, INC.			
Principal Place	e of Business	Mailing Address			9 IOUG HOOD BYING HISTO BYIN HODY
444 BRICKELL AVE.: SUITE 904		444-DRICKELL-AVE::- SUIT E-OC)-		
MIAMI FL 33131		MHAMII FL 33131-		DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualifed	
				12/06/1995	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App ied For
	NW 98 Terrace	26 149 NW 98 T	errace	65-0656112	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		J. Controlle of Cidado Boomed	Fee Required
City & Sat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Plan	tation, FL	28 Plantation,		Trust F and Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24 3332	24 25 Broward	29 33324 30	Broward	Person al Property Tax.	Yes [] No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	1 Agent
T. D.	DOM: DATINGA		81 Name	TORRON, PATRICIA	
TORRON, PATRICIA			82 Street	Address (P.O. Box Number is Not Acceptable)	
444 BRICKELL AVE., SUITE 804				149 NW 98 Terrace	
<u>~Mt4</u> 1	/II-FL-33131 		83		
·			84 City		85 Zip Code
				PLANTATION F	L 333 <u>24</u>
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu es,	the above-named	co poration submits this statement for the purpose	of changing its registered
office of r	egistered agent, or both, in the State of m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	iorized by the corpt a Statutes.	ration's board of cirectors. I hereby accept the app.	Antinent as regratored
SIGNATURE	X		a Torron	4/9/	i <i>9</i>
SIGNATURE	Signature, typed or printed nai te of registered agen	t and title if applicable (NOT) Re	egistered Agent signature re	edit ted witeri terretarină)	
12.		DIRECTORS	13.	ADDITIC NS/CHANGES TO OFFICERS /	
TITLE	PD	🔀 DELETÉ	1.1 TITLE	PD	Change Addition
NAME	TORRON, PATRICIA		1.2 NAME	TORRON, PATRICIA	
STREET ADDRESS	444 BRICKELL AVE., SUITE 804	} -	1.3 STREET ADDRESS	149 NW 98 Terrace	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	Plantation, FL 33324	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME.			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition

14. I hereby certify that the informat on 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 a Lother like empowered.

3.2 NAME

41 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

□ DELETE

3.3 STREET ADDRESS

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6 4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

RE AND TYPED OR FRINTED NAME OF SIGNING OFFICEF OR DIRECTOR

Patricia Torron

Change

Change

☐ Change

Addition

☐ Addition

Addition

CR2E034 (11/98)