

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 SEP 16 AM 9: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P95000095925 (0)**

1. Corporation Name
DANA, INC.

Principal Place of Business

Mailing Address

**4045 SHERIDAN AVENUE
MIAMI BEACH FL 33140**

**4045 SHERIDAN AVENUE
MIAMI BEACH FL 33140**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 01/01/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | Applied For |
| 23 Zip | | 28 Zip | | 05-0627305 | Not Applicable |
| 24 Country | | 29 Country | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|--------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PSTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANA, HARVEY M | 1.2 NAME | |
| STREET ADDRESS | 4045 SHERIDAN AVENUE | 1.3 STREET ADDRESS | 600002297836--9 |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | 1.4 CITY-ST-ZIP | -09/19/97--01050--012 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | ***165.00 ***165.00 |
| STREET ADDRESS | | 2.2 NAME | |
| CITY-ST-ZIP | | 2.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | |
| NAME | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 3.2 NAME | |
| CITY-ST-ZIP | | 3.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | |
| NAME | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| NAME | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | |
| NAME | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 6.2 NAME | |
| CITY-ST-ZIP | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

14. 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.

CP2E034 (4/97)

②

Dana Incorporated
4045 Sheridan Avenue
Miami Beach, FL 33140

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302

September 10, 1997

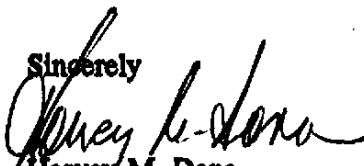
RE: Document #P 950000 95925 (0)

I am writing to you in regards to my 1997 Corporation Annual report Tax. Recently I received an invoice stating that Dana Inc. owed \$550.00 due to late filing. I never received the original invoice that was supposedly mailed in January and due in May.

It is my first year as a corporation, and if I had received the original bill as scheduled, it would have been paid in a timely manner, as I do in all other required expenses. It is my assumption that the original bill went to the agent listed on the enclosed document, and they never forwarded it to Dana Inc.

Please accept the enclosed payment for the original fee due of \$165.00 to satisfy my requirements as a corporation.

Sincerely


Harvey M. Dana
President and Treasurer