**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90095 028 \*\*\*150.00

## DOCUMENT # P95000097795

D. A. DOUGLAS AIRCRAFT COP	RP						
Principal Place of Business	Mailing Address			I (BBIIDD) 140 INIDI ELICI BRILL BRILL BRILL		,	
375 FAIRWAY DRIVE 375 FAIRWAY DRIVE MIAMI BEACH FL 33141 MIAMI BEACH FL 33141				DO NOT WRITE IN THIS SPACE			
	•	`		3. Date Incorporated or Qualifed 12/28/1995			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied	d For	
21	26				Not Ap	plicabl	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	• .		5. Certificate of Status Desired	\$8.75 Addit		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe	,	
Zip Country	Zip	Country		8. This corporation owes the current year in	tangible		
24 25	29 30			Personal Property Tax.	Yes 🔼	٧o	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALVAREZ, DANIEL O		81	Name Street Add	ddress (P.O. Box Number is Not Acceptable)			
375 FAIRWAY DRIVE							
MIAMI BEACH FL 33141		83					
,		84		Fl	85 Zip Code		
office or registered agent, or both, in the S agent. I am familiar with, and accept the o	State of Florida, Such change was aufno	าศรคส กษ	the corporat	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	f changing its regi intment as registe	istered ered	
SIGNATURE Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE: Reg	istered Ager	t signature require	ed when reinstating) DATE			
12. OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS A		_	
TITLE D	☐ DELETE	1.1 TITLE			Change [	Addit	
NAME ALVAREZ, DANIEL O				•			

CTORS IN 12 []] Addition 375 FAIRWAY DRIVE 1.3 STREET ADDRE STREET ADDRESS MIAMI BEACH FL 33141 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE ALVAREZ, MARIA 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 375 FAIRWAY DR 2. 4 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP. Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP,

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 attrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this fig. with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034.(11/98)

Applied For Not Applicable