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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000001182 (0)**

1. Corporation Name
D & R CONSULTING AND PROFESSIONAL SERVICES, INC.

Principal Place of Business
8801 N.W. 27TH AVENUE
MIAMI FL 33147

Mailing Address
8801 N.W. 27TH AVENUE
MIAMI FL 33147-3845

3. Date Incorporated or Qualified: **01/04/1996**

3a. Date of Last Report:

2. Principal Place of Business
21 8801 NW 27th Ave
Suite, Apt. #, etc
22 Miami, Florida
City & State
23
Zip 24 33147 Country 25

2a. Mailing Address
26 8801 NW 27th Ave
Suite, Apt. #, etc
27
City & State
28 Miami, Florida
Zip 29 33147. Country 30

4. FEI Number: 58-2219196 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAMAS, OFELIA
3191 CORAL WAY
3RD FLOOR
MIAMI FL

Same Registered agent (new address)

10. Name and Address of New Registered Agent

81 Name: Ofelia Damas-Rodriguez, Esq
82 Street Address (P.O. Box Number is Not Acceptable): 2801 Ponce de Leon Blvd
83: 9th Floor
84 City: Coral Gables **FL** 85 Zip Code: 33134

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: O Damas (Signature for printed name of registered agent, if any, shall be required if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAMAS, OFELIA 1182 N.E. 196TH ST. N MIAMI FL ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Damas-Rodriguez, Ofelia 8801 NW 27th avenue (8801 NW 27th Ave) Miami, Florida 33147 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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.

SIGNATURE: O Damas — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97. (305) 445-4090
Date — Daytime Phone #