## 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 # P9600009766

1. Corporation Name

DASHEL, INC.

Principal	Place	of	Business

Mailing Address

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90005 006 \*\*\*150.00



10350 SW 125TH ST. 10350 SW 125TH ST. MIAMI FL 33176-4726 MIAMI FL 33176-4726			DO NOT WRITE IN THIS SPACE						
						Date incorporated or Qualifed     01/29/1996	, •		
Principal Place of Business     2a. Mailing Address				pplied For					
21 26					65-0658819	ot Applicable			
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional tequired		
City & State		City & State				6. Election Campaign Financing S5.00 May Be			
23	Š	28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country				8. This corporation owes the current year Intangible			
24	25	29 3	<u></u>			Personal Property Tax.	□No		
24)	g. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent			
			81	N	Name				
SCHWADRON, DAVID A 10350 SW 125TH ST.			82	S	Street Addre	Iress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33176-4726		83							
	,		84	1 0	City	85 Zip	Code		
					<del>- · ··</del>	eration submits this statement for the purpose of changing it	n registered		
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statutes	5.		n's board of directors. I hereby accept the appointment as r when reinstating)  DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT			
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition		
NAME	SCHWADRON, DAVID A		1.2 NAME						
STREET ADDRESS	10350 SW 125TH ST.		1.3 STREE	T AD	DRESS				
CITY-ST-ZIP	MIAMI FL 33176-4726		1.4 CITY-5	ST-ZI	IP .				
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Change	Addition		
NAME	SCHWADRON, SHELLEY L		2.2 NAME						
STREET ADDRESS	10350 SW 125TH ST.		2.3 STREE	T ADI	DRESS				
CITY-ST-ZIP	MIAMI FL 33176-4726		2. 4 CITY-	ST-Z	ZIP	Chance	Addition		
TITLE	more than the second	☐ DELETE	3.1 TITLE			☐ Change	;		
NAME	1		3.2 NAME		1				
STREET ADDRESS			3.3 STREE			Section 1.	海島 伊耳用		
CITY-ST-ZIP			3.4. CITY-	ST-Z	ZIP	□ Chance	☐ Addition		
TITLE		☐ DELETÉ	4,1 TITLE			,	, , , , <u>, , , , , , , , , , , , , , , </u>		
NAME	,		4. 2 NAME						
STREET ADDRESS			4.3 STREE				1		
CITY-ST-ZIP	<u> </u>	Classists	4.4 CITY-	ST-ZI	IP	☐ Change	Addition		
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			Change			
NAME			5.3 STREE		nnpeee				
STREET ADDRESS									
CITY-ST-ZIP :	P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		5.4 CITY-	ŏ1-∠l	J.				

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 supplierhental 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 of the corporation of the corporation of the region of the corporation of the corporation of the region of the corporation of the region of the corporation o

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Addition