## 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 # **P96000012244**

DONAVI INCORPORATED

Principal Place of Business
3455 ROYAL PALM AVENUE MIAMI BEACH FL 33140

Mailing Address

## Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90148 037 \*\*\*150.00



3455 ROYAL PALM AVENUE MIAMI BEACH FL 33140		3455 ROYAL PALM AVENUE MIAMI BEACH FL 33140				DO NOT WRITE IN THIS SPACE				
					ļ	ncorporated or Qualife 5/1996	d			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI N	umber		Α	pplied For	
1		26			65-0	720653		N	ot Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				cate of Status Desired		•	Additional equired	
City & State		City & State			6 Election	on Campaign Financing		\$5.00	May Be	
¬ ´		28			I	Fund Contribution	,- <u> </u>		to Fees	
Zip	Country	Zip	Countr	y		orporation owes the cu	rrent vear Intar	aible		
¬ '	25	29 3	_ `		1	nal Property Tax.		Yes	□No	
4	9. Name and Address of Current	<del></del>	<u> </u>			and Address of New	Registered A	gent		
	Halle dite / Lacious C. Caller		81	Name					"	
BERI	RO. SARAH N							<u>.                                    </u>		
	ROYAL PALM AVENUE		82	Street A	Address (P.O. Bo	x Number is Not Accep	otable)			
	AI BEACH FL 33140		83	1	<del></del>					
******	M 55 1511 12 55 115									
			84	City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code	
11 Dureuant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the abov	e-named o	corporation subm	its this statement for th	e purpose of cl	nanging it	s registered	
office or re	egistered agent, or both, in the State of	of Florida. Such change was auti	norizea by	y tne corpo	ration's board of	directors. I hereby acc	ept the appoint	ment as r	egistered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	ia Statute	s.						
SIGNATURE		W015 D			quired when reinstating		DATE			
	Signature, typed or printed name of registered ageni OFFICERS AN		13.	int signature re		ONS/CHANGES TO O		DIRECT	ORS IN 12	
12.		DELETE	1,1 TITLE	<u> </u>						
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NAME	BERIRO, SARAH		1.2 NAME	- 1:	ZULCVO	rual Dalm	Aw			
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			1.4 CITY-		Miami	Beach, 1	て 30	140		
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I nereby 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 a retainment with an address, with all other like empowered.

SIGNATURE: