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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021753 (4)

D & D PROPERTIES ENTERPRISE CORP.

8401 N.W. 172 STREET

MIAMI FL 33015

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

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NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

Principal Place of Business Mailing Address 8401 N.W. 172 STREET 8401 N.W. 172 STREET MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0666177 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip ntrv 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FERNANDEZ, RAUL 8401 N.W. 172 STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33015** 83 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 little if applicable (NOTE Registered Agent signature required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition PTD DELET**E** 1.1 TITLE TITLE FERNANDEZ, RAUL 1.2 NAME NAME 8401 N.W. 172 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33015** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition VSD DELETE Change TITLE 2.1 TITLE FERNANDEZ, CARIDAD NAME

2.3 STREET ADDRESS

2. 4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

DELETE

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14. 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 conforation or the receiver or mistee 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 of on an attachment with an address.

1-16-94

:R2E034 (10/97)

☐ Change

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FILED

Jan 23 1998 8:00am

Secretary of State