Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90134 031 ***150.00

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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 #	P96000021	753

1. Corporation Name

D & D PROPERTIES ENTERPRISE CORP.

						}					
Principal Place	e of Business	Mailing Address				7		• 11001 17877 1	•••		
8401 N.W. 172	STREET	8401 N.W. 172 STREET				1					
MIAMI FL 33015	5	MIAMI FL 33015									
						<u> </u>	DO NOT WRITE IN THI	S SPACE			
						1 -	Date Incorporated or Qualifed 03/11/1996				
2. Principal P	lace of Business	2a. Mailing Address		_		4.	FEI Number		App	lied For	
21		26					65-0666177		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u></u>	_		+-	Certificate of Status Desired	\$8.7	5 AC	dditional	
22		27				5.	Certificate of Status Desired	Fee	e Req	uired	
City & State	e	City & State				6.	Election Campaign Financing	\$5.	00 N	May Be	
23		28					Trust Fund Contribution	Add	led to	Fees	
Zip	Country	Zip	Coun	try		8.	This corporation owes the current year h	ntangible			
24	25	29	30				Personal Property Tax.	Yes	Į.	□No	
	9. Name and Address of Curren	t Registered Agent				10.	Name and Address of New Registered	d Agent			
			1	81	Name					ľ	
l	NANDEZ, RAUL			82	Ctroot Addres	/D	O. Box Number is Not Acceptable)				
8401	N.W. 172 STREET		{'	ا20	Street Addres	388 (F.	O. Box Number is Not Acceptable)				
MIAN	/II FL 33015		i l	83							
			ļ.					loc .	Zip Co		
			l'	84	City		F	L 85 7	Zip Ci	DOB 1	
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 agei	nt and title if applicable. (NOTE:	Registered A	gent	signature required	when re	einstating) DATE				
12.	OFFICERS AN	ID DIRECTORS	13.			A	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTOF	RS IN 12	
TITLE	PTO	☐ DELETE	1,1 T/TL	E				Char	nge	Addition	
NAME	Fernandez, Raul		1.2 NAM	Œ							
STREET ADDRESS	8401 N.W. 172 STREET		1.3 STR	EET	ADDRESS					ĺ	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY	-ST	- ŽIP					}	
TITLE	VSD	☐ DELETE	2.1 TITL					☐ Char	nge	☐ Addition	
NAME	FERNANDEZ, CARIDAD		2.2 NAM	4E	1					{	
STREET ADDRESS	8401 N.W. 172 STREET				ADDRESS						
CITY-ST-ZIP	MIAMI FL 33015		2. 4 CIT							. [
TITLE	1117-1111 1 000 10	DELETE	3.1 TITL		-ZIF			☐ Char	nge	Addition	
NAME (3.2 NAM					_		_	
					ADDRESS						
STREET ADDRESS					1						
CITY-ST-ZIP		☐ DELETE	3.4. CITY-		-ZIP			Char	nne	Addition	
TITLE		☐ Nere(¢	4,1 T/TL					i olia	.90		
NAME			4. 2 NAI								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			4.4 CITY		-ZIP					Addition	
TITLE		☐ DELETE	5.1 TITL					☐ Char	ıye	☐ waanni	
NAME			5.2 NAN					-			
STREET ADDRESS			5.3 STR	EET /	ADDRESS					ł	

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 of 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 ecciver of trustee of powered 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 a address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

NATED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

☐ Addition