## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600028079 (7)

D.A.S.A. INVESTMENT GROUP, INC.

## **FILED** May 08 1998 8:00am Secretary of State



|  |   |  |                    |                     | <u> </u>   |                      |                       |
|--|---|--|--------------------|---------------------|--|----------------------|-----------------------|
| Principal Place of Business Mailing Address  |   |  |                    |                     |  |                      |                       |
| - 293 COUTHWEST 27TH AVENUE - 293 COUTHWEST 27TH AVENUE - MIAMI FL 33185   |   |  |                    | •                   |  |                      |                       |
| -MAMI FL 33185-  |   |  |                    |                     | DO NOT WRITE IN THIS SPACE   |                      |                       |
|  |   |  |                    |                     | 3. Date Incorporated or Qualified                                      |                      |                       |
|  |   |  |                    |                     | 04/01/1996   |                      |                       |
| 2. Principal P   | lace of Business                                    | 28. Mailing Address<br>26 /02/5 W      | ) /-               | 11.0                | 4. FEI Number  | <u> </u>             | oplied For            |
|  | 15w 61 Ave.   | 26 /02/3 W<br>Suite, Apt. #, etc.      | 0                  | 11408               | 65-0663291   | <del></del>          | ot Applicable         |
| 22 Reue 27 Keul  |   |  |                    |                     | 5. Certificate of Status Desired                                       | \$8.75 /<br>Fee Re   | Additional<br>equired |
| City & State City & State  |   |  |                    |                     | 6. Election Campaign Financing   | \$5.00               | May Be                |
| 28/1/4/4/ / LUKION 28/1/4/7/   |   |  |                    |                     | Trust Fund Contribution L  | Added1               | to Fees               |
| Zip<br>241 . 3~3/4   | Country   | Zip 3 44/                              | Countr             | У                   | 8. This corporation owes or has paid t                                 | \                    | 1                     |
| 24 5~7   | 9. Name and Address of Curren                       | 1 Registered Agent                     | <u></u>            |                     | Personal Property Tax due June 30.  10. Name and Address of New Regist |                      | _ No                  |
| 00   |   | Triagistored Agent                     | 81                 | Name                | 10, Hallio Bila Adalosa of Heat (regis                                 | oroup goint          |                       |
| DUMINGUEZ, ALDERTU   |   |  |                    |                     |  |                      |                       |
| MIAMI FL 33135   |   |  |                    | Street Add          | dress (P.O. Box Number is Not Acceptable)                              |                      |                       |
| MIL  | WII FE 33133  |  | 83                 | B                   |  |                      |                       |
|  |   |  | <u> </u>           |                     |  |                      |                       |
|  |   |  | 84                 | City                |  | FL  85   Zip (       | Code                  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bolls, 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 typied or printr J name of registered age | nt and title if applicable (NOTE Re    | gistored Ag        | jent signature requ | uired when reinstating)  | DATE                 | ———                   |
| 12.  | OFFICERS AND  |  | 13.                |                     | ADDITIONS/CHANGES TO OFFICER   | S AND DIRECTOF       | S IN 12               |
| TITLE  | PTD   | DELETE                                 | 1.1 TITLE          |                     |  | Change               | Addition              |
| NAME   | DOMINGUEZ, ALBERTO                                  |  | 1.2 NAME           |                     |  |                      |                       |
| STREET ADDRESS   | 11201 S.W. 26TH STREET                              | 1.3 ST                                 |                    | T ADDRESS           |  |                      | Įi                    |
| CITY-ST-ZIP  | MIAMI FL 33165                                      |  | 1.4 CITY-          | ST - ZIP            |  |                      | i                     |
| TITLE  | 146   |  | 2.1 TITLE          |                     |  | ☐ Change             | ☐ Addition (          |
| NAME   |   |  | 2.2 NAME           |                     |  |                      | 1                     |
| STREET ADDRESS   |   |  | 2.3 STREET ADDRESS |                     |  |                      | -                     |
| CITY-ST-ZIP  | MIAMI FL 33166                                      | OF STE                                 | 2 4 CITY-          | ST-ZIP              |  |                      | F1 14422              |
| TITLE  | l '   |  | 3.1 TITLE          |                     |  | ∟ Change             | ☐ Addition            |
| NAME   |   | <b>,</b>                               | 3.2 NAME           | 1                   |  |                      |                       |
| STREET ADDRESS   |   |  |                    | T ADDRESS           |  |                      |                       |
| CITY-ST-ZIP<br>TITLE   |   | DELETE                                 | 3.4. CITY-         | SI-ZIP              |  | Change               | Addition              |
| NAME   |   |  | 4. 2 NAME          | :                   |  | المالية المالية      | 1100000               |
| STREET ADORESS   |   |  |                    | T ADDRESS           |  |                      | İ                     |
| CITY-ST-ZIP  | -   | <b>1</b>                               | 4.4 CITY-          | ì                   |  |                      | 1                     |
| TITLE  |   |  | 5.1 TITLE          | 3, 211              |  | Change               | Addition              |
| NAME   |   | _                                      | 5.2 NAME           |                     |  |                      | 1                     |
| STREET ADDRESS   |   | İ                                      |                    | T ADDRESS           |  |                      |                       |
| CITY-ST-ZIP  |   |  | 5.4 CiTY-:         |                     |  |                      |                       |
| TITLE  |   |  | 6.1 TITLE          | <del></del>         |  | Change               | Addition              |
| NAME   |   |  | 6.2 NAME           |                     |  |                      |                       |
| STREET ADDRESS   |   | 1                                      | 6.3 STRE€          | T ADDRESS           |  |                      | 1                     |
| CITY-ST-ZIP  | [   |  | 6.4 CITY-          |                     |  |                      |                       |
|  | ertify that the information supplied wi             | th this filing does not qualify for th |                    |                     | n Section 119.07(3)(i), Florida Statutes. I furt                       | her certify that the | information           |

indicated on this annual report or suppliers with this informatic 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 autochment with an address.