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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000033759 (7)

D'AMOR SYSTEMS, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 18 1997 8:00am Secretary of State



(954) 989-0830

| 4149 SW 48 CT<br>FT LAUDERDALE FL 33314 |   | FI LAUDERDALE PL 33314 3806  |                           |                 |  |   |                                 |
|---|---|--|---------------------------|-----------------|--|---|---------------------------------|
|   |   |  |                           |                 | Date Incorporated or Qualified 04/18/1996  | 3a. Date of Las                                     | st Report                       |
| 2. Principal Pl                         | ace of Business   | 2a. Mailing Address  | . 1. 1.                   | 3300            | 4. FEI Number  |   | Applied For                     |
| 21 4 // 4                               | 15,W, 33KAN   |  | 101                       | >>/@            | AV45-0690 781  |   | Not Applicable                  |
| Suite, Apt.                             | #, etc  | Suite, Apt. #, etc.  |                           |                 | 5. Certificate of Status Desired   | 1 1   | 5 Additional<br>Required        |
| City & State                            | Audendale,7C  | 28 F7 Laude  |                           | 16,7C           | Election Campaign Financing Trust Fund Contribution                                    |   | 00 May Be<br>led to Fees        |
| 24 <b>333</b> 3)                        | 2 25 Browned  |  | Countr<br>30 D            | owr4            |  | ☐ Yes ☐ No  | er s. 199.032,                  |
|   | 9. Name and Address of Current  | Registered Agent   | 81                        | The             | 10. Name and Address of New Re   | egistered Agent                                     |                                 |
| CRIOS, EIDENCIO                         |   |  |                           | Name            | 115 VAZQUES  |   |                                 |
| 4149 SW 40 CT-                          |   |  |                           | Street,A        | es (PO Roy Number & Not Acceptable)  |   |                                 |
| FIL                                     | AUDERDALE FL 33914  |  | 83                        | 411             | 143101 39Ka  | <del>/( ' '                                  </del> |                                 |
|   |   |  |                           | <u> </u>        |  |   |                                 |
|   |   |  | 84                        | City            | 21 au De d. 1.   |   | Zip Code                        |
| 11. Pursuant t                          | o the provisions of Sections 607 0502   | and 607 1508. Florida Statutes                                     | s the abov                | re-named c      | corporation submits this statement for the   |   |                                 |
| office or re                            | egistered agent, or both, in the State of   | of Florida. Such change was au                                     | thorized b                | v the corpo     | oration's board of directors. I hereby acce  | pt the appointment                                  | as registered                   |
| 0                                       | n fabiliar with, and accept the obliga  | tions of, Section 307.0303, Flori                                  | ida Siaidie               | 18.             |  | 3/10/97   |                                 |
| SIGNATURE                               | Signation hyperd or president name of registrated ago                               | and little cappies ble (NOTE:                                      | Registered Ag             | ent signature r | equired when reinstating)  | DATE  |                                 |
| 12.                                     | OFFICERS AND  | DIRECTORS  | 13.                       |                 | ADDITIONS/CHANGES TO OFFIC   | CERS AND DIRECT                                     | ORS IN 12                       |
| TITLE                                   | S   | <b>™</b> DELETE  | 1.1 TITLE                 |                 |  | ☐ Chan  | ige Addition                    |
| NAME                                    | RIOS; FIDENCIO  | ·  | 1.2 NAME                  |                 |  |   |                                 |
| STREET ADDRESS                          | 41 <del>49 SW 48 CT -</del>   |  | 1,3 STAE                  | T ADDRESS       |  |   |                                 |
| C/TY - ST - Z/P                         | FT LAUDERDALE FL 89914  |  | 1.4 CITY-                 | ST · ZIP        |  |   |                                 |
| TITLE                                   | SIPINAT   | DELETE   | 2.1 TITLE                 | Ĺ               |  | Chan  | ige 🔲 Addition                  |
| NAME                                    | VAZQUEZ, LUIS   |  | 2.2 NAME                  | - 1             |  |   |                                 |
| STREET ADDRESS                          | 4149 SW 48 CT   |  | 2.3 STREE                 | TADDRESS        |  |   |                                 |
| CHY-ST ZIP                              | FT LAUDERDALE FL 33314  |  | 2. 4 CITY                 | ST - ZIP        |  |   | <b></b>                         |
| TITLE                                   |   | ☐ DELETE   | 3.1 TITLE                 |                 |  | L Chan  | ige L. Addition                 |
| NAME                                    |   |  | 3.2 NAME                  | ľ               |  |   |                                 |
| STREET ADDRESS                          |   |  |                           | T ADDRESS       |  |   |                                 |
| CITY-ST-ZIP                             |   | I borr   | 3.4. CITY                 | ST-ZIP          |  | Chan  | nge Addition                    |
| 1011                                    |   | DELETE   | 4.1 TITLE                 | .               |  | L., Unan  | Ac TT WOOMINGU                  |
| NYWE                                    |   |  | 4. 2 NAM                  | 1               |  |   |                                 |
| STREET ADDRESS                          |   |  |                           | T ADORESS       |  |   |                                 |
| CHY-S1-ZIP<br>TITLE                     |   | DELETE   | 4.4 CITY -<br>5.1 TITLE   | \$1~ZIF         |  | Chan  | nge 🔲 Addition                  |
| NAME                                    |   | L.J ORECTE   | 5.2 NAME                  |                 |  | VIIII)  | B- Breeze Flooring              |
| STREET ADDRESS:                         |   |  |                           | T ADDRESS       | •  |   |                                 |
| CITY-ST ZIP                             |   |  | 5.4 CITY-                 |                 |  |   |                                 |
| 1016                                    |   | ☐ DELETE   | 6.1 TITLE                 | · · ·           |  | Chan  | nge Addition                    |
| NAME                                    |   |  | 6.2 NAME                  |                 |  |   |                                 |
| STREET ADORESS                          |   |  |                           | 1 ADDRESS       |  |   |                                 |
| CHY-\$1-Z0P                             | •   |  | 6.4 CITY                  |                 |  |   |                                 |
| 14. I do heret                          | by certify that the information supplied  | with this filing does not qualify                                  | for the ex                | emption sta     | ated in Section 119,07(3)(i), Florida Statute  | es. I further certify I                             | hat the                         |
| informatio<br>Lam an o                  | n indicated on this armual report or si<br>flicer or director of the corporation or | applemental annual report is tru<br>the receiver or trustee empowe | ue and acc<br>ered to exe | cute this re    | that my signature shall have the same leg<br>sport as required by Chapter 607, Florida | al effect as it made<br>Statutes; and that r        | i under oath; that  <br>ny name |
| appears i                               | n Block 12 or Block 13 if changed, or   | on an attachment with an add                                       | E20                       |                 | eport as required by Chapter 607, Florida  | 1   | -                               |
| CICMAT                                  | URE: M Link   | イラション  |                           |                 | इ(१९) १न   | (954) 980   | 1-0830                          |