

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90004 031 ***158.75

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DOCUMENT # P96000033759

1. Corporation Name

D'AMOR SYSTEMS, INC.

Principal Place of Business

4714 SW 33RD AVE
FT LAUDERDALE FL 33312
US

Mailing Address

4714 SW 33RD AVE
FT LAUDERDALE FL 33312
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1996

4. FEI Number
65-0690780

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7623 DAVIE Road EXT
Suite, Apt. #, etc.

2a. Mailing Address

26 7623 DAVIE Road EXT
Suite, Apt. #, etc.

City & State

23 HOLLY wood, FL

City & State

28 HOLLYwood, FL

Zip

24 33024 25 US

Zip

29 33024 30 US

9. Name and Address of Current Registered Agent

VAZQUES, LUIS A.
4714 SW 33RD AVE
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name LUISA. VAZQUEZ
82 Street Address (P.O. Box Number is Not Acceptable)
7623 DAVIE Road EXT
83 HOLLY wood
84 City HOLLY wood
85 Zip Code FL 33024

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 *Luis A. Vazquez*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SPVT ☐ DELETE
NAME VAZQUEZ, LUIS
STREET ADDRESS 4149 SW 48 CT
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SPVT ☒ Change ☐ Addition
1.2 NAME VAZQUEZ, LUIS
1.3 STREET ADDRESS 7623 DAVIE Road EXT
1.4 CITY-ST-ZIP HOLLY wood, FL 33024

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 attachment with an address, with all other like empowered.

SIGNATURE: *Luis A. Vazquez* 3/10/99 954-443-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)