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PROFIT CORPORATION ANNUAL REPORT

1999

D.C.A. VENTURES INC.

1. Corporation Name



DOCUMENT # P9600034239

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90003 047 ***158.75

Principal Place	e of Business	Mailing Address			B ark Buluu 11411 b ar b 21800 11740 10	
J D'S PIZZERIA		J D'S PIZZERIA		•	•	
6828 N.W. 169T		6828 N.W. 169TH STREET				
MIAMI FL 33015 MIAMI FL 33015				DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualifed 04/16/1996		,
9 Daineire I Di	ace of Business	2a. Mailing Address		4. FEI Number	Applied F	-or
— ·	ace of business	2a. Mailing Address		65-0660479	Not Appli	
Suite, Apt. i	# etc	Suite, Apt. #, etc.	1		\$8.75 Addition	
22	.,	27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May B	3e
23		28		Trust Fund Contribution	Added to Fee:	s
Zip	Country	Zip	Country	8. This corporation owes the current		
24	25	29 3	0	Personal Property Tax.	Yes No	
	9. Name and Address of Current	Registered Agent	81 Name -7	10. Name and Address of New Reg	istered Agent	
EME	RY, DAVID		J_{0}	omes D tmery		
	5 EAST ST. ANDREWS DRIVE		82 Street Add	lress (P.O. Box Number is Not Acceptable	4.	
	AI FL 33015		83	1 E. St Andrews L	<i>y</i>	\dashv
1410 44			63			
			84 City 1		FL 85 Zip Code	-
44 . D	4- 4b	and 607 1509 Florida Statutos		poration submits this statement for the pu	DO-13	ered
office or re	egistered agent, or both, in the State of	′ Florida. Such change was autl	horized by the corporat	ion's board of directors. I hereby accept ti	e appointment as registere	ed
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.	_		
	Tames A Free		(1 06	7	16.44	
SIGNATURE	James D. Emel. Signature, typed or printed name of registered agent a	FI	Johnse DE Tgistered Agent signature requir	red when reinstating)	-15-99 DATE	}
SIGNATURE	James Deme Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE. 8)	gistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN	
	Signature, typed or printed name of registered agent a	and titly if applicable. (NOTE.	gistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN	I 12 Addition
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ING OFFICER OR DIRECTOR

305-829-0039