

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 03, 1999 8:00 am  
Secretary of State

03-03-1999 90003 047 \*\*\*158.75

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DOCUMENT # P96000034239

1. Corporation Name

D.C.A. VENTURES INC.

Principal Place of Business

J D'S PIZZERIA  
6828 N.W. 169TH STREET  
MIAMI FL 33015

Mailing Address

J D'S PIZZERIA  
6828 N.W. 169TH STREET  
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1996

4. FEI Number

65-0660479

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

EMERY, DAVID  
19425 EAST ST. ANDREWS DRIVE  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name James D Emery  
82 Street Address (P.O. Box Number is Not Acceptable)  
19201 E. St Andrews Dr.  
83  
84 City Miami FL 85 Zip Code 33015

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 James D. Emery

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

1-15-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	EMERY, DAVID	19425 E. ST ANDREWS DR.	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Pres	Emery James D.	19201 E St Andrews Dr.	Miami Fla. 33015	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V Pres	Emery Mary	19201 E St Andrews Dr	Miami Fla 33015	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sec.	Mary Emery			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	James Emery			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

James D Emery  
Signature and typed or printed name of signing officer or director

1-15-99

Date

305-829-0039

Daytime Phone #

CR2E034 (11/98)