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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

DANIBAN INC. DANTEL

P96000035088 (9)

N/C 12/10/96
Mailing Address

Principal Place of Business

97 JUN 12 PM 1:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1012 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714		1012 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714-2030					
	_				3. Date Incorporated or Qualified 04/19/1996 4. FE! Number	3a. Date of Last Report	
2. Principal Pl	ace of Business	2a. Mailing Address	<u>├</u> ~¬			Applied For	
21		26			59-337321		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip 24	Country 25	Zip <b>29</b>	Country 30		8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ] Yes = [] No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gletered Agent	
RODRIGUEZ, PABLO			81	81 Name			
310	1/2 S. BUMBY ANDO FL 32803		82	Streot A	reet Address (P.O. Box Number is Not Acceptable)		
UHL	ANDU FL 32803		83				
			84	City		FL 85 Zip Code	
office or re agent. I ar SIGNATURE	Signature coop printed name of registery	d agont and life if applicable (NO			orporation submits this statement for the poration's board of directors. I hereby acceptioned when renstating)	TOATE 18/5	
·42.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12	
TITLE	DP	DELETE 1.1 T			DIAWA IBAWEL Change BAddition		
NAME	(CATC) PATE		12 NAME		DIAWA IBAWAL Change Haddition 10/2 DOVELAS AVA.  ALTAMONTO SPRINGS FL 327/9		
STREET ADDRESS CITY-ST-ZIP	1012 DOUGLAS AVE. ALTAMONTE SPRINGS FL	32714	13 STREET 14 CITY - S		ALTAMONTE 9	PRINCS FL	
TITLE	DV	DELETE	2.1 TITLE		•	Change Addition	
NAME	IBANEZ, DANIEL	•	2.2 NAME				
STREET ADDRESS	1012 DOUGLAS AVE.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 C/TY-5	1.7P.			
TITLE _		☐ DELETE	3 1 TITLE	ţ	8000022	213756-010 79701178010 S.00 ****165.00	
NAM/			3.2 NAME		-06/16/	/9(011(8010	
STREET ADORESS			3.3 STREET	}	非常非常	5.UU ***165.UU	
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TITLE		DELETE	4.1 TITLE			Change Addition	
NAME			. 4.2 NAME	.0000000			
STREET ADDRESS			4.3 STRELT	1			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	1 - ZIP		Change Addition	
NAME		Last Detter	5.2 NAME		$\Lambda$	11 au 2	
STREET ADDRESS			5.3 STREET	ADDRESS	1/1.00	Uan Willes	
] ]			5.4 CITY-S		V	1.10100	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	r - CII		Charge Addition	
NAME			6.2 NAME			τ τ-, σ	
STREET ADDRESS			6.3 STREET	ADDRESS			

6.4 CITY - ST - ZIP

14. 1 do 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 trusted appropriate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.