

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039422 (6)

1. Corporation Name

DAINY INTERNATIONAL CORPORATION



Principal Place of Business

13274 S.W. 112TH TERRACE
MIAMI FL 33186

Mailing Address

13274 S.W. 112TH TERRACE
MIAMI FL 33186-7828

3. Date Incorporated or Qualified

05/07/1996

3a. Date of Last Report

2. Principal Place of Business

21 12211 SW 132 CT

2a. Mailing Address

26 12211 S.W. 132 CT

4. FEI Number

65-0669248

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI - FL

City & State

28 MIAMI - FL

Zip

24 33186

Country

25 USA

Zip

29 33186

Country

30 USA

9. Name and Address of Current Registered Agent

NELSON, GARRY
801 BRICKELL AVE.
9TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

JOHN H. FRIEDHOFF

82 Street Address (P.O. Box Number is Not Acceptable)

100 SE 2ND STREET - 17th floor

84 City

MIAMI

FL

85 Zip Code

33131

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

Signature of Registered Agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BONELLO, DANIEL	
STREET ADDRESS	RUA BARBARA ELEODORA 353, APT. 81	
CITY-ST-ZIP	SAU PAULO SP 05440-40 BRAZIL	

TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDMO ALVES MENINI	
1.3 STREET ADDRESS	11758 SW 92 TERRACE	
1.4 CITY-ST-ZIP	MIAMI - FL - 33186	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.2 NAME		
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2.3 STREET ADDRESS		
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2.4 CITY-ST-ZIP		
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3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME		
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3.3 STREET ADDRESS		
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3.4 CITY-ST-ZIP		
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4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.2 NAME		
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4.3 STREET ADDRESS		
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4.4 CITY-ST-ZIP		
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5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.2 NAME		
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5.3 STREET ADDRESS		
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5.4 CITY-ST-ZIP		
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6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME		
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6.3 STREET ADDRESS		
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6.4 CITY-ST-ZIP		
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14. I 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(Daniel Bonello) 04/28/97 (305) 971.1010

CR2E034 (9/96)