

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

DOCUMENT # P96000043814 (8)

1. Corporation Name
DRAGO BUSINESS, CORP.



Principal Place of Business
16175 N.W. 64TH AVE.
#251
MIAMI LAKES FL 33014

Mailing Address
16175 N.W. 64TH AVE.
#251
MIAMI LAKES FL 33014-7537

3. Date Incorporated or Qualified
05/22/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 18709 BISCAYNE BLVD
Suite, Apt. #, etc.

26 18709 BISCAYNE BLVD
Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0673522

Not Applicable

22 City & State

27 City & State

23 AVENTURA FL

28 AVENTURA FL

24 Zip Country

29 Zip Country

33180

33180

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DA MOTTA, RODRIGO R
16175 N.W. 64TH AVE.
#251
MIAMI LAKES FL 33014

11 Name

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

16025 NE 64th Ave APT 310

13 City

MIAMI LAKES

14 State

FL

15 Zip Code

33014

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DA MOTTA, RODRIGO R
STREET ADDRESS % 16175 N.W. 64TH AVE. #251
CITY-ST-ZIP MIAMI LAKES FL 33014

1.1 TITLE PD
1.2 NAME DA MOTTA, RODRIGO R
1.3 STREET ADDRESS 16025 NE 64th Ave APT 310
1.4 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)