## 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

## DOCUMENT # **P96000046762**1. Corporation Name

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90151 009 \*\*\*150.00

DAUL IF	AXI CORP.								
Principal Place	of Business	Mailing Address				-	<b>FB</b> ((1 <b>T)(6)5 (</b> 0)(3) (	INGIO BILLO I	
4030 NW 9 ST		4030 NW 9 ST							
MIAMI FL 33126	6	MIAMI FL 33126				DO MOTIVATE IN THE ORACE			
us · us						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 05/28/1996			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied	For
<del>:</del> 1	·	26				NOT APPLICABLE		Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additio	
2		27						Require	
City & State	е .	City & State				6. Election Campaign Financing		<b>00</b> May	
:3		28	Cou	tn.	<del></del>	Trust Fund Contribution		led to Fee	es
Zip □	Country	Zip	$\overline{}$	ii iu <del>y</del>		<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	ir intangible ∐Yes		
.4	9. Name and Address of Current	t Registered Agent	30	<del>-</del>		10. Name and Address of New Registe			
	9. Name and Address of Current	r vediareren videur		81 N	Vame	10			
GON	IZALEZ, ANTONIO			<u></u>				<u> </u>	
	S.W. 9TH STREET			82 8	Street Addre	ass (P.O. Box Number is Not Acceptable)			ļ
MIAN	MI FL 33134			83		<del></del>			
				$\sqcup$					
	: *			84 0	City		FL  85	Zip Code	ļ
office or re agent. I as	egistered agent, or both, in the State of m familiar with and accept the obligat	of Florida, Such change was a tions of, Section 607,0505, Flo	riua Stati	utes.	corporation	oration submits this statement for the purpos n's board of directors. I hereby accept the a	ppointment a	is register	red
	Standburg, hand continted name of tegistered agen		Registered	Agent sig	onature required	when reinstating) DAT	E / 1 /		— ì
	Signature, typed of printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE	Registered	Agent sig	phature required	when reinstating) DATI ADDITIONS/CHANGES TO OFFICER:		CTORS I	N 12
12.	OFFICERS AN		: Registered	Agent sig	gnature required	With Tall Coaling/			N 12 Addition
12.	OFFICERS AN	nt and title if applicable. (NOTE ID DIRECTORS	: Registered	I Agent sig	ghature required	With Tall Coaling/	S AND DIRE		
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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 eceiver of 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 adjacety with an address, with all other like empowered.

SIGNATURE: