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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT DE STATE

Sandra De Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DAGOS QUICK FIX, INC.

Principal Place of Business

Mailing Address

3271 NW.16+RRR. MIAMIFL.33125

SAMe

APPROVED
CVA 'AND
FILED

97 JUL 21 AH 10: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	3. Date Incorporated or Qualified 3a. Date of Last Report	
	7-8-96 7-2-96	
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For	
	tern. Not Applicable	
Suite Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional	
22	Fee Required	
23 MiAMI FL 28 MIAMI FL	6. Election Campaign Financing \$5.00 May Be	
	Trust Fund Contribution Added to Fees Ountry 8 This correction has liability for integrable lay under a 100 000	
24 33(25 25 USA, 29 33(25 30)	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
P1 Namo		
Dasoberto Martinez		
3271 NW 16 JERR.	82 Street Address (P.O. Box Number is Not Acceptable)	
, ,	83	
miami +L. 33125.		
•	84 City B5 Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the		
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, lyped or printed name of registered agent and title if applicable (NOTE: Registered)	rod Agoni signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13		
	TITLE Change Addition	
NAME DATE OF THE 12	NAME NAME MORINE	
STREET ADDRESS 2 22 AW 16 1	STREET ADDRESS 222 NW 16 TRA	
324	CITY-ST-ZIP MARIEL 33135	
	TITLE Change Addition	
NAME 22	NAME	
STREET ADDRESS	STREET ADDRESS	
	CITY-ST-ZIP	
······································	TITLE Change Addition	
NAME 3.2	NAME 5000022583655	
STREET ADDRESS	STREET ADDRESS -07/29/9701050001	
CITY-STIPIP 3.4	CHY-ST-7/P ****300.00 ****300.00	
NAME \$ 4.2	111LE SOOO2250985 Adding NAME 5007/29/3701050002	
4	-07/25/3101050002. STREET ADDRESS ****250.00	
	*****250.00 *****250.00 *****250.00 **********************************	
· · · · · · · · · · · · · · · · · · ·	TITLE Change Addition	
	NAME	
	STREET ADDRESS	
	CITY-SI-ZIP (I. allu)	
	TILE Change Addition	
	2/1/20	
	SIREFT ADDRESS	
	OITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filling does not qualify for the	e exemption stated in Section 119.07(3)(1) Florida Statutas, I further contifu 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.		