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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90058 033 ***150.00

DAYAN CONSTRUCTION, INC. Mailing Address Principal Place of Business 11905 SOUTHWEST 49TH STREET 11905 SOUTHWEST 49TH STREET MIAMI FL 33175 MIAMI FL 33175 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/17/1996 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 65-0696428 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip Yes ΠNo Personal Property Tax. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AYAN, CARLOS Street Address (P.O. Box Number is Not Acceptable) 82 11905 SOUTHWEST 49TH STREET **MIAMI FL 33175** 83 84 85 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE TITLE 1.2 NAME NAME AYAN, CARLOS 1.3 STREET ADDRESS STREET ADDRESS 11905 SOUTHWEST 49TH STREET 1.4 CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE **VST** 2.2 NAME AYAN, DORIS NAME 2.3 STREET ADDRESS 9136 GRAND CANAL DRIVE STREET ADDRESS 2. 4 CITY-ST-ZIP MIAMI FL 33184 CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition ☐ Change 41 TOTE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 51 DTLF TITLE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

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 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, with all etting like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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