SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCU	MENT	# P9600	3000	39925 (7))						
1		DA MOBILE DEN			,						
Principal Place of Business				Mailing Address			-			A	
1150 NW 72ND AVENUE				1150 NW 72ND AVENUE							
SUITE 755			;	SUITE 755				55,467,145	- 017:00 05		
MIAMI FL 33126				MIAMI FL 33126			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 38. Date of Last Report				
								1	Ja. Dale) OI LASI N	epon.
2. Principal Place of Business				2a. Mailing Address			11/01/1996 4. FEI Number	_ 	TA	oplied For	
21			26	–				65-070428	0		ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22			27					b. Certificate of Status Desired		Fee Re	quired
City & State			28	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip 24	Country 25		29	Zip Cos 29 30		ry	This corporation owes or has paid the cur Personal Property Tax due June 30.			rrent year Intangible ☐ Yes ☑ No	
	9. Name	and Address of Curr	ent Regi	stered Agent				10. Name and Address of New Ro	gistered A	gent	
FERRAN, DELSA E						1 Nam	e				
9280 S.W. 20TH STREET MIAM! FL 33165						2 Stree	t Addre	ddress (P.O. Box Number is Not Acceptable)			
4410	Am I E QUI	•			8	3					
					8	4 City			FL	85 Zip (Code
11. Pursuant	to the provis	ions of Sections 607.0	502 and	607.1508, Florida Stati	ites, the abo	ve-name	d corpo	oration submits this statement for the		hanging it	s registered
agent. La	registered ag im familiar wi	jent, or both, in the Sta ith, and accept the obl	ite of Flor ligations (rida. Such charige was of, Section 607.0505, F	autnorizea Iorida Statut	BY INÐ CO ØS.	orporatii	oration submits this statement for the on's board of directors. I hereby acce	pt the appoi	niment as	registered
SIGNATURE	Signature, typed	or printed name of registered	agent and tit	le if applicable (NC	OTE: Registored A	gent signate	re require	d when reinstating)	DATE		
12.	OFFICERS AN			C1ORS	13.	13.		ADDITIONS/CHANGES TO OFFI	CERS AND C	DIRECTOR	S IN 12
TITLE	D			☐ DELETE	1.1 TITL				[Change	Addition
NAME		i, delsa e			1.2 NAM	E					
STREET ADDRESS				1.3		ET ADDRESS	3				
CITY-ST-ZIP	MIAMI F	L 33165		DELETE	1.4 CITY		1	are interes		Change	Addition
TITLE				DELETE	2.1 TITLE		P	RESIDENT	ا (بم	_1 rusinge	AUDION
NAME .					2.2 NAM	et address	10/	ARBARA M. FERR 151 BRICKELL AVE	#/	·A	
STREET ADDRESS CITY-ST-ZIP	}				1	'-ST-ZIP	M	inmi, FL 3312	á		
TITLE				DELETE	3.1 TITUE		 			Change	Addition
NAME					3.2 NAM	E					
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CITY-ST-ZIP					3.4. CITY	-ST-ZIP					
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CITY-ST-ZIP	ļ			DELETE	4.4 CITY					Change	Addition
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NAME STREET ADDRESS					5.2 NAM		.				i
CITY-ST-ZIP	}				5.3 STRE 5.4 CITY	ET ADDRESS - ST., JIP	`				
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STREET ADDRESS)				1	- et address	;				
CITY-ST-ZIP					6.4 CITY						

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.

2 CIGNIATURA DECINORDI

17/14/97

201/1/21 0000

FILED

Aug 04 1997 8:00am

Secretary of State