**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90177 014 \*\*\*158.75

## 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 # **P96000094631**

1. Corporation Name

DABECO CORPORATION		
Principal Place of Business Mailing Address		- F 10051005 159 50110 OUSIL ADVIS BAIST ONEIL ADVIS COULD DIGNO DIGNO 11501 1501 1601
1805 W 8 AVE - 1805 W 8 AVE		
HIALEAH FL 33010 HIALEAH FL 33010		
US US		DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed 11/15/1996
Principal Place of Business     2a. Mailing Address	78 Street	4. FEI Number Applied For
21 2430 N. 70 301 CC 3	78 Street	65-0708573   Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
27		1001000
City & State City & State City & State 78 Hialeah,	Fi	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
[25]	Country	
<sup>Zip</sup> 33016	Country'S A	8. This corporation owes the current year Intangible Personal Property Tax.
	30]	10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent	81 Name	
GASTILLO; ANGEL JR.		
~1320 SOUTH DIXIE HIGHWAY, SUITE 450	82 Street Addre	uss (P.O. Box Number is Not Acceptable)
CORAL GABLES FL-33146	83	3 4. 70 00. 000
	"	
	84 City Hi	aleah <b>FL</b> 85 Zy 9946
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statuti	es, the above-named corpo	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statut office or registered agent, or both, in the State of Florida. Such change was a	uthorized by the corporation	n's board of directors. I hereby accept the appointment as registered
agent. I am familia with, and accepting obligations of, Section 607.0505, Flo	De Antonio	3/12/99
	Registered Agent signature required	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE POST DELETE	1,1 TITLE	☐ Change ☐ Addition
NAME DE ANTONIO, ANGEL	1.2 NAME	
STREET ADDRESS 1885 W 8 AVE		450 W. 78 St.
CITY-ST-ZIP - HIALEAH FL	1.4 CITY-ST-ZIP H	ialeah, FL 33016
TITLE DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	2.2 NAME	
STREET ADDRESS	2,3 STREET ADDRESS	
CITY-SI-ZIP	2 4 CITY-ST-ZIP	Committee of the Commit
TITLE DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4. CITY-ST-ZIP	
TITLE DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4, 2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	·
STREET ADDRESS	5.3 STREET ADORESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
I · I	=	

14. 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 charged, or on an attachment with an extremal with an ext

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #