

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100900 (5)

1. Corporation Name

DALARD SUNSET INVESTMENTS, INC.



Principal Place of Business

2801 PONCE DE LEON BLVD.
SUITE 810
CORAL GABLES FL 33134

Mailing Address

2801 PONCE DE LEON BLVD.
SUITE 810
CORAL GABLES FL 33134-6920

3. Date Incorporated or Qualified

12/13/1996

3a. Date of Last Report

4. FEI Number

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

21 9688 S.W. 24 street

2a. Mailing Address

26 9688 S.W. 24 st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
23 City & State
Miami, Florida

27
28 City & State
Miami, FL

24 Zip 33165

29 Zip 33165

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORDERO, ANA D
2801 PONCE DE LEON BLVD.
SUITE 810
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agree to, the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Daniel A. Valdes (President) ☐ DELETE
NAME
STREET ADDRESS 9755 S.W. 62 street
CITY-ST-ZIP Miami, Florida 33173

TITLE Vice-President ☐ DELETE
NAME Daniel A. Valdes
STREET ADDRESS 6130 S.W. 93 court
CITY-ST-ZIP Miami, FL 33173

TITLE Secretary ☐ DELETE
NAME Ana Diaz Cordero
STREET ADDRESS 2801 Ponce de Leon Blvd. Suite 810
CITY-ST-ZIP Coral Gables, FL 33134

TITLE Treasurer ☐ DELETE
NAME Alejandro Diaz
STREET ADDRESS 13464 SW 36 st.
CITY-ST-ZIP Miami, FL 33165

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 or on an attachment with my address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Serr. Ana Diaz Cordero

2/16/97

444-9923

Date

Daytime Phone # 0000184

CR2E034 (9/96)