04-02-1999 90075 026 ***150.00

à laction de les années de la compaction de la compaction

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 # P96000100900

1. Corporation Name

TITLE

NAME

STREET ADDRESS

DALARD SUNSET INVESTMENTS, INC.

Principal Place	e of Business	Mailing Address			'UN abib i di a ti ab ibi b ā l	10 10†JI 00 41	
9688 SW 24 ST 9688 SW 24 ST							
MIAMI FL 33165		MIAMI FL 33165					
US US		US	DO NOT WRITE IN THIS SPACE		<u>E</u>		
				3. Date Incorporated or Qualifed			
		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		12/13/1996	 		
· ·	lace of Business	2a. Mailing Address	Q11	4. FEI Number	-	Applied	
			Street	65-0722937		.75 Addit	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		ee Requir	
22 27 City & State City & State				6 Floation Connector Financing		`	
		28 MIAMI	FLORIDA -	6. Election Campaign Financing Trust Fund Contribution		5.00 May	
Zip	Country	Zip	Country	8. This corporation owes the curr			
24	25	29 33173 30	, ·	Personal Property Tax.	ĽÝe		No I
24	9. Name and Address of Current	<u> </u>	T ODE	10. Name and Address of New F	Registered Agent		
81 Name							
- cor	IDERO, ANA D+		82 Street Ad	JOSE M. MARQUEZ, P.A dress (P.O. Box Number is Not Accepted			
-9485 SUNSET DR-			02 Street Ad	782 NW LeJeune Road	шө,		
- A-292 -			83	Suite 548			
- MIAMI-FL 93173			24 0	Suite 346	ae	Zin Code	
			84 City	Miami	FL 85	Zip Code 3312	.6
44 Develop the special season of Continue 607 0500 and 607 1500. Florida Statutes the above pared compretion 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.							
	Joen Museu			rquez, Esq. Ma	arch 19, 1	999	1
SIGNATURE	Signature, yped or printed name of registered agent a	portua if applicable. (NOTE: Reg	gistered Agent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF			IN 12
TITLE	P	☐ DELETE	1.1 TITLE D	ALDES, Daniel R.	☐ CH	ange E	AUGINDII
NAME)	VALDES, DANIEL R	•		755 SW 62 Street			
STREET ADDRESS	9755 SW 62 ST		T.S STALL FADOR COO				
CITY-ST-ZIP	MIAMI FL		137 011 1 01 221	iami, Florida	ПС		X Addition
TITLE	VP	☐ DELÉTE	37	ALDES, Daniel F.	۵	iai-ge L	AMOUNT
NAME	VALDES, DANIEL F		2.2 NAWE	130 SW 93 Court			
STREET ADDRESS	6130 SW 93 CT		Z.3 STREET ADDITESS	iami, Florida			ļ
CITY-ST-ZIP	MIAMI FL	DELETE	2.4 GH 1-31-21			nanne F	X Addition
LILTE	S ANA DIAZ	LI DELETE	0.1 III CC	ORDERO, Ana Diaz		idingo .	AMAGO
NAME	CORDERO, ANA DIAZ			425 SW 93 Place			
STREET ADDRESS	6425 S W 93 PLACE		ا ا	iami, Florida 33173			
CITY-ST-ZIP	MIAMI FL 33173	DELETE	3.4. CITY-ST-ZIP M. 4.1 TITLE D		ПС	nange F	☑ Addition
TITLE	T DIAZ ALEJANDOO	C) DECEIE	170	IAZ, Alejandro		iongo L	A, 155.15
NAME	DIAZ, ALEJANDRO			3954 SW 36 Street			
STREET ADDRESS	13954 SW 36 ST		36	iami, Florida			-
CITY-ST-ZIP	MIAIMI FL	DELETE	4.4 CITY-ST-ZIP M 5.1 TITLE	Tami, tioling	ПС	nange F	Addition
TITLE	•	C) DELETE	5.1 TITLE 5.2 NAME			nango L	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME							
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				
CITY-ST-ZIP		□ DELETE	6.1 TITLE	·····	ПС	nanne F	Addition
TME	1		· · · · · · · · · · · · · · · · · ·				

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 other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

270-0424

Daytime Phone #