PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700000644

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90135 012 \*\*\*150.00

DAC GROUP INTERNATIONAL, INC.						
					MIN .	
Principal Place	of Business	Mailing Address				
8620 NW 64TH	ST	_8620 NW 64TH ST				
10			· ·	DO NOT WRITE IN THIS SPACE		
MIAMI FL 33166 US				3. Date incorporated or Qualifed		
US		00		01/01/1997	-	
2 Delevis at Di	ace of Business	2a. Mailing Address		4. FEI Number Applied	For	
			37 Tem	65-0715307 Not Ap	plicable	
21 103 Suite, Apt.		Suite, Apt. #, etc.		\$8.75 Addit		
<del></del>	· · · · · · · · · · · · · · · · · · ·	27		Certificate of Status Desired Fee Require	ed	
City & State	<u> </u>	City & State		6. Election Campaign Financing \$5.00 May	ľ	
23	•	28 miami	<del></del>	Trust Fund Contribution Added to re	es	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible		
24 33(65 25 05 29 33(65 30)				Fersonal Property Tax	<del>"</del>	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	<del> </del> ./	
	THE AMOVED CHARTEDED		B1 Name	Denis (ast 10		
AMERILAWYER CHARTERED			82 Street A	ddress (P.O. Box Number is Not Acceptable)	}	
343 ALMERIA AVENUE			83	10371 SW 37 Tem		
CORAL GABLES FL 33134				12 - Quit		
İ	$\sim$	1	84 City	FL 85 Zip Code	' <b>&lt;</b>	
					stered	
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 epipointment as registered agent, I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I a	m fairfiliar with and accept the obligation	hs of, Section 607.0505, Flori	ida Statutes.			
SIGNATURE	- # 13 kk# ( 3 <b>/</b> /	•	Registered Agent algosture re		ì	
40	Signature, typed or partition name of registers—about a		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CR2E034 (11/98)	
TITLE	PD	DELETE	1.1 TITLE	Change [	Addition 🗧	
NAME	CAMPOS, ARMANDO R	1-	12 NAME	Eastillo, Dennis D	2	
STREET ADDRESS	8750 SOUTHWEST 215 TERRAC	Œ	1.3 STREET ADDRESS	, Do . for 25 1216	12	
CITY-ST-ZIP	MIAMI FL 33189		1.4 CFTY+\$T-ZIP	mian: 1-1 35/52-45-76		
TITLE	VDS	☐ DELETE	2.1 TITLE	Change	Addition   O	
NAME	CASTILLO, DENNIS N		22 NAME	•		
STREET ADDRESS	8750 SOUTHWEST 215 TERRAC	æ	2.3 STREET ADORESS			
CITY-ST-ZIP	MIAMI FL 33189		2.4 CMY-ST-ZIP		Addition	
TITLE		☐ DELETE	3.1 TITLE	Change L	3,700	
NAME			3.2 NAME	•	1	
STREET ADDRESS			1.3 STREET ADDRESS		1	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Change	Addition	
TITLE;		DELETE-				
NAME			4.2 NAME		.	
STREET ADORESS			4.3 STREET ADDRESS		ļ	
CITY-ST-ZIP		- COSISTE	4.4 CITY-\$1-ZIP	☐ Change	Addition	
IIILE		☐ DELETE	5.1 1/TLE 5.2 NAME	<u>_</u> .		
NAME			5.3 STREET ADDRESS		}	
STREET ADDRESS			5.4 CITY-51-ZIP		) .	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	☐ Change	Addition	
TITLE		(	6.2 NAME			
NAME PROFES ADDRESS			6.3 STREET ADDRESS			
STREET ADDRESS	<b>∩</b> -~	^	6.4 CITY-51-ZIP	,		
CITY-ST-ZIP		4 1	(			

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 of supplier antal 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 coloration or their ecover 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, onto an attack munit with an address, with all other like empowered.

SIGNATURE:

EM NAME OF SIGNING OFFICER OR DIRECTOR