

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

FILED

Jul 01 1999 8:00 am
Secretary of State

DOCUMENT # **P971000002895** ✓
1. Corporation Name **THE DCORP INVESTMENTS INC.**

Principal Place of Business
**12745 SW 100th Ct.
MIAMI, FL. 33176**

Mailing Address
**12745 SW 100th Ct.
MIAMI, FL. 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/15/96**

2. Principal Place of Business
21 **12745 SW 100th Ct.**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI, FL.**
Zip
24 **33176** Country
25

2a. Mailing Address
26 **12745 SW 100th Ct.**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI, FL.**
Zip
29 **33176** Country
30

4. FEI Number **65-0731686**
Applied For
Not Applicable

5. 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**LUCA LUSARDI
12745 SW 100th Ct.
MIAMI, FL. 33176**

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRES-SEC.	LUCA LUSARDI	12745 SW 100th Ct.	MIAMI, FL. 33176	<input type="checkbox"/>
DIR.	DARIO ROVELLI	12745 SW 100th Ct.	MIAMI, FL. 33176	<input type="checkbox"/>
DIR.	FRANCESCO BAFFONE	6455 NW 109 Ave.	MIAMI, FL. 33178	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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.

SIGNATURE: **4-28-99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)