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Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P97000032058* ✓

1. Corporation Name

DITANCO, INC

Principal Place of Business

Mailing Address

*8751 SW 49th
MIAMI FL 33165*

*8751 SW 49th
MIAMI FL 33165*

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

*MUNOZ, TANIA
8751 SW 49th
MIAMI FL 33165*

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 607.1504, 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

Tania Munoz

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE *PSD* *PSTD* ☐ DELETE

11.2 NAME *MUNOZ, TANIA*
11.3 STREET ADDRESS *8751 SW 49th*
11.4 CITY-STATE-ZIP *MIAMI FL 33165*

11.5 TITLE ☐ DELETE

11.6 NAME
11.7 STREET ADDRESS

11.8 CITY-STATE-ZIP

11.9 TITLE ☐ DELETE

11.10 NAME
11.11 STREET ADDRESS

11.12 CITY-STATE-ZIP

11.13 TITLE ☐ DELETE

11.14 NAME
11.15 STREET ADDRESS

11.16 CITY-STATE-ZIP

11.17 TITLE ☐ DELETE

11.18 NAME
11.19 STREET ADDRESS

11.20 CITY-STATE-ZIP

11.21 TITLE ☐ DELETE

11.22 NAME
11.23 STREET ADDRESS

11.24 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Tania Munoz