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 # P97000045744

. Corporation Name

DIN INTERNATIONAL SERVICES (U.S.A.), INC.

i	•	•				
Principal Place	of Business	Mailing Address		1 (40)(40) 119 (81)(101)(101)	18114 46114 88141 81681 81114 18811	
10101 011 110111 121111102		15457 SW 148TH TERRACE MIAMI FL 33196				
MIAMI FE 33130				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualife	d	1
				05/22/1997		
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Ar	oplied For
21 797	1 NW 21 Street	26 7977 NW S	21 Street	65-0766554	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional equired
City & State	• 1-1	City & State	FL	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	(8.) This corporation owes the cu	rrent year Intangible	
24 3312	27 25 U.S.A.	29 33122 30	y.s.A.	Personal Property Tax.	☐ Yes	X No
	9. Name and Address of Current			10. Name and Address of New	Registered Agent	
81 Nan				guel A. Comisco_		
CARRASCO, MIGUEL A				dress (P.O. Box Number is Not Accer	otable)	
15457 SW 148TH TERRACE			7977	_ 1 1 _ 1		<u>.</u>
MIAMI FL 33196 . 83						
ĺ			84 City . n.		85 <u>Zip</u>	Code
			1 1 1	iami		Code 3/22
11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 Inance was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of Section 607.0505, Florida Statutes.						
SIGNATURE	X	7. A. A.	egistered Agent signature requi		DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13,	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTO	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	CARRASCO, MIGUEL A		1.2 NAME			
STREET ADORESS	15457 SW 148TH TERRACE		1.3 STREET ADDRESS			Ì
CITY-ST-ZIP	MIAMI FL 33196		1,4 CITY-ST-ZIP	•		
TITLE	14,, 4,, 7, 2, 30, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	-, -	• . • . • =	2.4 CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME			3.2 NAME			.
STREET ADDRESS			3.3 STREET ADDRESS			,
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		[] DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME	•		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4,4 CITY-ST-ZIP			
TITLE	1	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME		•	

14. I hereby certify that the information supplied with this filing toes 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 office inke empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED

GNATICESTIKED

DELETE

1-29-99

(305)500-9222

Change

☐ Addition

Daytime Phone #

Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90024 030 ***150.00

CD2E034 (11/98)