FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000047871 (3)

DALE'S EXPORT, INC.

9. Name and Addre

Principal Place of Business

Mailing Address

City & State

29

ss of Current Registered Agent

19327 N.W. 2ND AVENUE MIAMI FL 33169

22

19327 N.W. 2ND AVENUE MIAMI FL 33169

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes W No

Applied For Not Applicable **\$8.75** Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

3. Date Incorporated or Qualified 05/30/1997 4. FEI Number

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

ROBINSON, AVANDALE H 19327 N.W. 2ND AVENUE MIAMI FL 33169			81				
			82				
1410	FAVII FE 53109		83				· · · · · · · · · · · · · · · · · · ·
			0.0	O'th :			
			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 reinstating) DAYE							
12.	OFFICERS AND DIR		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TITLE			Chang	e Addition
NAME	ROBINSON, CARMEOLA E		1.2 NAME				
STREET ADDRESS	950 N.W. 153RD ST		1.3 STREET	ADDRESS			ŧ
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY - S	T-ZIP			
TITLE	PD	DELETE	2.1 TITLE			Chang	je 🔲 Addition
NAME	ROBINSON, AVANDALE H		2.2 NAME				
STREET ADDRESS	950 N.W. 153RD ST		2.3 STREET	ADDRESS			
City-ST-ZIP	MIAMI FL 33169		2. 4 CITY - S	T-ZIP			
TITLE		DELETE	3.1 TITLE			Chang	e Addition
NAME			3.2 NAME				ľ
STREET ADDRESS			3.3 STREET	ADDRESS			ŀ
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	e Addition
NAME			4. 2 NAME				l
STREET ADDRESS			4.3 STREET	ADDRESS			1
CITY - ST - ZIP			4.4 CITY-S	r-ZIP			
TITLE		DELETE	5.1 TITLE			Chang	e 🗀 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CTY-S	- ZIP			
TITLE		DELETE	6.1 TITLE		2.2	Chang	e L Addition
NAME			6.2 NAME		·		
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	Λ		6.4 CITY-ST	- ŽIP			
14. Thereby 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 redewer or unstated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.							

Country

81 Name

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