


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

02420

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90101 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000049456					
1. Corporation Name DAMARANDY, INC.					
Principal Place of Business 172 CARLISLE DRIVE MIAMI SPRING FL 33166-3050			Mailing Address 172 CARLISLE DRIVE MIAMI SPRING FL 33166-3050		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/04/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0759724	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
9. Name and Address of Current Registered Agent ALMAGUER, MARLENIS 172 CARLISLE DRIVE MIAMI SPRING FL 33166-3050			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PD ALMAGUER, MARLENIS					
1.3 STREET ADDRESS 172 CARLISLE DRIVE					
1.4 CITY-ST-ZIP MIAMI SPRING FL 33166-3050					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME SD ALMAGUER, DAMARIS					
2.3 STREET ADDRESS 172 CARLISLE DRIVE					
2.4 CITY-ST-ZIP MIAMI SPRING FL 33166-3050					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME VTD ALMAGUER, RAMON					
3.3 STREET ADDRESS 172 CARLISLE DRIVE					
3.4 CITY-ST-ZIP MIAMI SPRING FL 33166-3050					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARLENIS ALMAGUER

3/17/99

Date

305-871-5528

Daytime Phone #

CR2E034 (11/98)