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

PROFIT CORPORATION ANNUAL REPORT

1998

DUNINVEST, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000049854 (7)

FILED Feb 18 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								
80 SW 8TH ST., STE. 2025 MIAMI FL 33130				80 SW 8TH ST., STE. 2025 MIAMI FL 33130				DO NOT HIDITE IN THIS SPACE
								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
								1
2. Principal Place of Business 2a. Mailing Address								06/05/1997 4. FEI Number Lapplied For
21				6				4. FET Number 6.5-0759660 Applied For Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$0.75 Additional
22				1				5. Certificate of Status Desired Fee Required
City & State			27	City & State				6. Election Campaign Financing \$5.00 May Be
23				28				Trust Fund Contribution Added to Fees
Zip Country				Zip Country				8. This corporation owes or has paid the current year Intangible
24	25 29				30			Personal Property Tax due June 30. 🔲 Yes 🔣 No
Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent
D	DUNIN, ROB	BERTO				81	Name	
80 SW 8TH ST., STE. 2025						82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
MIAMI FL 33130								
						83		
						84	City	85 Zip Code
								┣ [*] ┗ ┆ │ ˙
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 						bove d by tutes	e-named co the corpor	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE				,,,				
						d Age	ni signalure req	equired when reinstating) DATE
12.		OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELET E	1.1 1	TLE		☐ Change ☐ Addition
NAME						1.2 NAME		
STREET ADDRESS 240 CAPE FLORDIA DR.					1.3 S	1.3 STREET ADDRESS		li
CITY-ST-ZIP	KEY B	ISCAYNE FL 33149			1.4 C	ITY - \$1	T-ZIP	
TITLE				DELETË 2.1 TI		TLE		Change Addition
NAME				2.2 N		AME		
STREET ADDRESS					2.3 ST		ADDRESS	
CITY-ST-ZIP					2.40	IIV-S	T-ZIP	
TITLE				☐ DELETE	3.1][TLE		☐ Change ☐ Addition
NAME					3.2 N	AME		
STREET ADDRESS					3.3 S1	REET	ADDRESS	1
CITY-ST-ZIP					3.4. C		T-ZIP	
TITLE				L DELETE	4.1 Tr			Change Addition
NAME					4. 2 N	AME		
STREET ADDRESS					4.3 S1	REET	ADDRESS	
CITY-ST-ZIP				0.5055	_	TY-S1	- ZIP	
TITLE				☐ DELETE	5.1 11			☐ Change ☐ Addition
NAME					5.2 N/			
STREET ADDRESS					5.3 ST	HEET /	address	
CITY-ST-ZIP					5.4 Ci		- ZIP	
TITLE				☐ DELETÉ	6.1 Til			Change Addition
NAME					6.2 NA	ME		
STREET ADDRESS					6.3 ST	REET	ADDRESS	
CITY-ST-ZIP	metika thina ali -	information + N- 1	the state of the	n = do = = = = = = = = = = = = = = = = =	6.4 CI	_		- 0 - 40 07/07/2 5() 1 0) 1
ı∎. inereby c	эних тат те	: imormation subblied w	un mis bli	ua aces not dualify to	r the exe	mnti	ion stated it	in Section 119 07(3)(i) Florida Statutes I further certify that the information

14. 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.

SIGNATURE: The A

Ridging June

F20 13 , COO /264) 77394