


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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90025 003 \*\*\*150.00

0138492

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000050393					
1. Corporation Name DANIEL CAZACU ENTERPRISES, INC.					
Principal Place of Business 1820 THOMAS ST. HOLLYWOOD FL 33020			Mailing Address 1820 THOMAS ST. HOLLYWOOD FL 33020		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1997	
21		26		4. FEI Number 65-0773109	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		Country	
24		25		29	
Country		Country		30	
9. Name and Address of Current Registered Agent CAZACO, DANIEL 1820 THOMAS ST HOLLYWOOD FL 33020			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE <input type="checkbox"/> DELETE					
NAME CAZACU, DANIEL					
STREET ADDRESS 1820 THOMAS ST.					
CITY-ST-ZIP HOLLYWOOD FL 33020					
TITLE <input checked="" type="checkbox"/> DELETE					
NAME CAZACO, MIHATA					
STREET ADDRESS 1820 THOMAS ST					
CITY-ST-ZIP HOLLYWOOD FL 33020					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE <input type="checkbox"/> DELETE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

SIGNATURE: X CSIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99 (954) 920-1867

Date

Daytime Phone #

CR2E034 (11/98)