## 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 #**

1. Corporation Name

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

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

DANIEL	CAZACU ENTERPRISES,	INC.				
Principal Pla	ce of Business	Mailing Address				L IMBITADOL INT. IDARI ABBIL OBIRL OBIRL BRIEF BRIEF BRIEF BRIEF FRANCE FRA
1820 THOMAS		1820 THOMAS ST.				
HOLLYWOOD		HOLLYWOOD FL 33	020			
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
	<u> </u>					06/06/1997
2. Principal I	Place of Business	2a. Mailing Address	s			4. FEI Number Applied For
21		26				65-0773109 Not Applica
Suite, Apt	_#, etc	Suite, Apt. #, et	tc			5. Certificate of Status Desired   \$8.75 Additional
22		27)	<del></del>			5. Certificate of Status Desired Fee Required
City & Sta	ite .	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year intangine
24	25	29	30	_		Personal Property Tax. Yes No
	9. Name and Address of Cur	rent Registered Agent	- <u></u> -	81	Name	10. Name and Address of New Registered Agent
CAZ	ZACO, DANIEL			"	Name	
	O THOMAS ST	•		82	Street Addr	Iress (P.O. Box Number is Not Acceptable)
	LLYWOOD FL 33020					
1101	EE11100D 1 E 00020			83		
				84	City	85 Zip Code
					1	poration submits this statement for the purpose of changing its registere
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. AND DIRECTORS	(NOTE: Registered	_ <del>`</del>	nt signature require	ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0.7.52.0	☐ DELE				☐ Change ☐ Add
NAME	CAZACU, DANIEL		1.2 N		.	
STREET ADDRESS	ACCO THOMAS OF				ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	× 1°		ITY-S	- 1	
TITLE	-VP	DELE			1-24	☐ Change ☐ Add
NAME	_CAZACO, MIHAITA~	78	2.2 N		ļ	<del></del>
STREET ADDRESS	TOTAL TUTOWARD OF				ADORESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-S		
TITLE		☐ DELE			71-24	☐ Change ☐ Add
NAME			3.2 N			_ , _
STREET ADDRESS					TADDRESS	
				TY-S		•
CITY-ST-ZIP TITLE		☐ DELE			21	
NAME			4.21		)	☐ Change ☐ Add
STREET ADDRESS						☐ Change ☐ Add
CITY-ST-ZIP				IKEE	ADDRESSI	☐ Change ☐ Add
TITLE	<del> </del>		Į.		T-ZIP	☐ Change ☐ Add
NAME		☐ DELE	4.4 C	ITY-S	Į į	☐ Change ☐ Add
		☐ DELE	4.4 C	ITY-ST	Į į	
STREET ANDRESS	5	☐ DELE	44 C ETE 5.1 TI 5.2 N	ITY-ST ITLE AME	Į į	
STREET ADDRESS	3	☐ DELE	4.4 C ETE 5.1 TI 5.2 N 5.3 S	ITY-ST ITLE AME	T-ZIP  TADDRESS	
CITY-ST-ZIP	5	☐ DELE	4.4 C ETE 5.1 TI 5.2 N 5.3 S 5.4 C	ITY-ST ITLE AME TREET	T-ZIP  TADDRESS	
CITY-ST-ZIP TITLE			4.4 C ETE 5.1 TI 5.2 N 5.3 S 5.4 C	ITY-ST ITLE AME TREET ITY-ST	T-ZIP  TADDRESS	_ Change ☐ Add
CITY-ST-ZIP TITLE NAME			4.4 C 5.1 TI 5.2 N. 5.3 S 5.4 C ETE 6.1 TI 6.2 N.	ITY-ST ITLE AME TREET ITY-ST ITLE AME	T-ZIP  TADDRESS	_ Change ☐ Add
CITY-ST-ZIP			4.4 C ETE 5.1 TI 5.2 N 5.3 S' 5.4 CI ETE 6.1 TI 6.2 N 6.3 S'	ITY-ST ITLE AME TREET ITY-ST ITLE AME	T-ZIP  TADORESS  T-ZIP  TADORESS	_ Change ☐ Add

14. I 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, with all other like empowered.

SIGNATURE:

IGNATURE REQUIRED
OFFICER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR