PROFIT - 'CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P9700066498

1. Corporation Name

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90258 048 ***150.00

DACHA (CAPITAL, INC								
Principal Place	e of Business	Mailing Address					0116 B0111 66 11 0 6	III AIRII AIRIA	(M(M) 585) (MA)
230 FIFTH STRE		230 FIFTH STREET							
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						DO NOT WR	ITE IN THIS S	SPACE	
					}	3. Date Incorporated or Qualified			
	•				-	07/31/1997			}
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		· Ap	plied For
21 26						65-0778746			t Applicable
Suite, Apt. 7	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 / Fee Re	
22		27 City & State		-		<u> </u>		\$5.00	
City & State	e , –	City & State			1	Election Campaign Financing Trust Fund Contribution		Added	.,
23 Zip	Country	Zip	Count			8. This corporation owes the cur	rent vear Inta	_	{
24	25	·	30	-]	Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered A	gent	
000			8	1 Name					
	B, THOMAS C S.W. FIRST AVENUE STE. 400		8	2 Street A	Addres	s (P.O. Box Number is Not Accept	able)		
	7 S.W. FIRST AVENUE STE. 400 MI FL 33130			•					
MINI	WI FL 33130		18	3					
			8	4 City			FL	85 Zip	Code
11 Purcuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607 1508. Florida Statute	s the abo	ve-named o	corpor	ation submits this statement for the		hanging its	registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was au	thorized b	y the corpo	oration'	s board of directors. I hereby acce	pt the appoin	tment as re	gistered
	m familiar with and account the obligati	one of Section 607 0505. Flori	da Statute	ic					
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statute	s.					
agent. I ar SIGNATURE	m familiar with, and accept the obligation. Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A			rhen reinstating)	DATE		
agent, I ar SIGNATURE	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I) D DIRECTORS	Registered A	ent signature re			DATE	DIRECTO	DRS IN 12
agent. I ar SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Ag 13.	ent signature re		rhen reinstating)	DATE		
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing poes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual reportfor supplemental arrival 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 without address, with all other like empowered.

SIGNATURE: