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 # P97000067703

1. Corporation Name

DADE SOUTH ENTERPRISES AND ASSOCIATES. INC.

Principal Place of Business

Mailing Address

9921 SW 165 TERRACE

9921 SW 165 TERRACE

May 05, 1999 8:00 am Secretary of State

05-05-1999 90006 023 ***150.00



MIAMI FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/05/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0771746 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CORONADO, RAMONA Street Address (P.O. Box Number is Not Acceptable) 7360 CORAL WAY SUITE 21 83 **MIAMI FL 33155** 84 City Zip Code 85 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 requi Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Addition ☐ Change □ DELETE 1.1 TITLE **PVSD** TITLE FAMILIA. MIGUEL A 1.2 NAME NAME 9921 SW 165 TERRACE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP 1,4 CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition □ DELETE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME As aller. 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-71P

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:

Daytime Phone #

(11/98)CR2E034