

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90045 047 ***150.00

DOCUMENT # P97000069136

1. Corporation Name
DAVRON HOLDING CORPORATION

Principal Place of Business
1550 N. MIAMI GARDENS DRIVE
SUITE 500
N. MIAMI BEACH FL 33179

Mailing Address
1550 N. MIAMI GARDENS DRIVE
SUITE 500
N. MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

65-0776471

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 1550 N.E. MIAMI GARDENS DR

Suite, Apt. #, etc.

22 # 400

City & State

23 NORTH MIAMI BEACH

Zip

24 33179

Country

25 DRUG

2a. Mailing Address

26 1550 N.E. MIAMI GARDENS DR

Suite, Apt. #, etc.

27 # 400

City & State

28 NORTH MIAMI BEACH

Zip

29 33179

Country

30

9. Name and Address of Current Registered Agent

ETZION, DAVID
3600 YACHT CLUB DR #1204
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name ETZION, DAVID

82 Street Address (P.O. Box Number is Not Acceptable)

1550 N.E. MIAMI GARDEN DR # 400

83

84 City

N. MIAMI BEACH

FL

85 Zip Code

33179

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

TITLE PSTD
NAME ETZION, DAVID
STREET ADDRESS 21205 YACHT CLUB DR #1204 3002
CITY-ST-ZIP AVENTURA FL 33180

TITLE DVPS
NAME DAVIDSON, RON
STREET ADDRESS 1550 N. MIAMI GARDENS DR., #500
CITY-ST-ZIP N. MIAMI BEACH FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME ETZION, DAVID
1.3 STREET ADDRESS 21205 YACHT CLUB DR #3002
1.4 CITY-ST-ZIP AVENTURA FL 33180

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

(305) 948 9088

Daytime Phone #

0258729

CF2E034 (11/98)