

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90149 007 ***150.00

DOCUMENT # P98000009762

1. Corporation Name
DACO SUPPLIES, INC.

Principal Place of Business

7195 N.W. 179TH ST
#111
MIAMI FL 33015

Mailing Address

7195 N.W. 179TH ST
#111
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1998

4. FCI Number

65-0811046

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 19988 S.W. 7TH PLACE

Suite, Apt. #, etc.

22

City & State

23 PEMBROKE PINES, FL

Zip

24 33029

Country

25

2a. Mailing Address

26 19988 S.W. 7TH PLACE

Suite, Apt. #, etc.

27

City & State

28 PEMBROKE PINES, FL

Zip

29 33029

Country

30

9. Name and Address of Current Registered Agent

VEGA, JOSE M
25 S.E. 2ND AVENUE
#201
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name

VEGA, JOSE M

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

25 S.E. 2ND AVENUE

83

410

84 City

MIAMI

FL

85 Zip Code

33131

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

JOSE M. VEGA

3-24-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PASCUAL, PEDRO
STREET ADDRESS 7195 N.W. 179TH ST
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME PASCUAL, PEDRO
1.3 STREET ADDRESS 7195 N.W. 179TH ST
1.4 CITY-ST-ZIP MIAMI FL 33015

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

PEDRO PASCUAL

REQUIRED

PEDRO PASCUAL/D x 4-26-99(954) 442-8405

Date

Daytime Phone #

CR2E034 (11/98)

0144623