Feb 25, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000010846

1. Corporation Name

D 9 M TOLICK DEDAID 9 CENEDAL MELDING CORDODATION

| Principal Plac | | | Mailing Address | Onano | | | | | | | | |
|--|---|---|-----------------------------|------------------|--|--|---|---|----------------|-------------------------------------|-------------------------------------|--|
| 8821 W FLAGLER APT 206 8821 W FLAGLER APT 206 | | | | APT 206 | | | | | | | | |
| MIAMI FL 33174 MIAMI FL 33174 | | | | | | | | DO NOT W | RITE IN THIS | CDACE | | |
| | | | | | | | - | 3. Date Incorporated or Qualif | | SPACE | | |
| | | | | | | | - } | 02/02/1998 | ou . | | | |
| 2, Principal Place of Business 2a. Mailing Address | | | | | | | | 4. FEI Number 0 4 0 1 | | I An | plied For | |
| 2, Frincipal Flace of Business 2a, Walling Address | | | | 00 | | | | 105-100121 | 30 | | t Applicable | |
| Suite, Apt. | # etc | | Suite, Apt. #, e | etc. | | | | <u> </u> | | \$8.75 | | |
| 27 | | | | | | | | 5. Certificate of Status Desired Fee Required | | | | |
| City & Stat | te | | City & State | | | | | 6. Election Campaign Financin | ng 🗆 | \$5.00 | May Be | |
| 23 | | | 28 | | | | Trust Fund Contribution | . s \square | Added t | | | |
| Zip Country | | | Zip Country | | | | This corporation owes the current year Intangible | | | | | |
| 24 | | 25 | 29 | 30 | | | | Personal Property Tax. | | Yes | □No | |
| | 9. Name | and Address of Curren | t Registered Agent | | | | 1 | 0. Name and Address of Nev | w Registered | Agent | | |
| | | | | | 81 | Name | | | | | | |
| RAM | iirez, dan | IIEL | | | 82 | Street A | ddraee | (P.O. Box Number is Not Acce | ntable) | | - | |
| 8821 W FLAGLER APT 206 | | | | | " | 000007 | uu i uuu | (1.0. DOX 10011DDX 10 11017 1000 | | • | | |
| MIAI | MI FL 3317 | '4 | | | 83 | | | | | | | |
| | | | | | 84 | City | | , | | 85 Zip (| ode. | |
| | \cap | | | | 04 | City | | | FL | . 3 2 5 | | |
| 11, Pursuant | to the provi | jons of Sections 607.050 | 2 and 607.1508, Florida | a Statutes, th | he above | e-named o | orporat | tion submits this statement for t | he purpose of | changing its | registered | |
| office or r | enistered ah | ent, or both, in the State of the and accept the obligation | of Florida, Such change | e was authoi | rized by | the corpor | ation's | board of directors. I hereby ac | cept the appoi | nimeni as re | gistered | |
| | - U | in, and accept the obligat | 10110 01, 0000011 001 101 | | | , | | | | | | |
| SIGNATURE | Signature, type | or printed name of registered agen | | | | | | | | | | |
| | | or printed harne or registered ager | il and title if applicable. | (NOTE: Regit | stered Agen | nt signature req | urred whe | en reinstating) | DATE | | i | |
| 12. | | | D DIRECTORS | <u> </u> | stered Agen | nt signature req | outred whe | en reinstating) ADDITIONS/CHANGES TO | | | | |
| 12. | PD | | | Ì | | nt signature req | nuired whe | | | ND DIRECTO | RS IN 12 | |
| | | OFFICERS AN | D DIRECTORS | LETE | 13 | nt signature req | outred whe | ADDITIONS/CHANGES TO | OFFICERS AN | | | |
| TITLE | PD RAMIREZ | OFFICERS AN | D DIRECTORS | LETE | 13. 1.1 TITLE | | pured whe | | | | | |
| TITLE NAME | PD RAMIREZ | OFFICERS AN , DANIEL FLAGLER APT 206 | D DIRECTORS | LETE | 13. 1.1 TITLE 1.2 NAME | ADDRESS | puired whe | ADDITIONS/CHANGES TO | OFFICERS AN | ☐ Change | Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RAMIREZ 8821 W I MIAMI FL VD | OFFICERS AN , DANIEL FLAGLER APT 206 | D DIRECTORS ☐ DEI | LETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' | ADDRESS | uired whe | ADDITIONS/CHANGES TO | OFFICERS AN | ☐ Change | Addition | |
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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: 1