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 # P9800	J0013633			
DCA SEMINARS, INC.				
Principal Place of Business	Mailing Address			⊣ '
777 SOUTH FLAGLER DRIVE 8TH FLOOR WEST PALM BEACH FL 33401	777 SOUTH FLAGLER DRIVE BTH FLOOR WEST PALM BEACH FL 334(
WEST FREM SENTITE SOUR				3. Date 02/1
Principal Place of Business Total	2a. Mailing Address 26			4. FEI N
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certif
City & State	City & State			6. Electi Trust
Zip Country 25	Zip 29 3	Country 30		8. This o
9. Name and Address of Cu			10. Name	
ASENCIO, DIEGO C 777 SOUTH FLAGLER DRIVE	81			
8TH FLOOR WEST PALM BEACH FL 33401		83		•
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84	City	

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90108 032 ***150.00



777 SOUTH FLAGLER DRIVE 777 SOUTH FLAGLER DRIVE 8TH FLOOR WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401					0.001.05	•			
					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 02/11/1998			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0812952		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	5 Additional	
22		27				5. Certifcate of Status Desired	Fee	Required	
City & State	9	City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23		28				Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year I	ntangible		
24	25	29 3	a			Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current					10. Name and Address of New Registere	d Agent		
				81	Name				
ASEI	NCIO, DIEGO C				<u> </u>				
777	SOUTH FLAGLER DRIVE	•		82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
8TH	FLOOR TO THE PROPERTY OF THE P		}	83	-	· · · · · · · · · · · · · · · · · · ·			
WES	T PALM BEACH FL 33401								
				84	City	F	85 Z	ip Code	
,		1 007 4500 Florido Blanda	45			rporation submits this statement for the purpose of	_	its registered	
l office or r	egistered agent or both in the State (of Florida. Such change was aut	norizea	ו עם	he corporat	tion's board of directors. I hereby accept the app	ointment as	registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statu	ıtes.					
SIGNATURE									
	Signature, typed or printed name of registered agent		<u> </u>	Agent	signature requi	ired when reinstating) DATE	ND DIDEC	TOBE IN 12	
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS A	Chang		
TITLE	D ADENOIS DIESS S	C) DECETE	1.1 TIT		1			,	
NAME	ASENCIO, DIEGO C		1.2 NA					ì	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1,4 CI1		- ZIP				
TITLE		☐ DELETE	2.1 TIT	LΕ		•	☐ Chang	ge	
NAME			2.2 NA	ME				ĺ	
STREET ADDRESS			2.3 ST	REET	ADDRESS			}	
CITY-ST-ZIP			2. 4 CI	TY-SI	r-zip				
TITLE		☐ DELETE	3.1 TIT	LE			Chang	ge 🗌 Addition	
NAME			3.2 NA	ME		,		ļ	
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3.4. CI	TY-\$1	r-ZIP				
TITLE		☐ DELETE	4.1 TIT	ΓLE			☐ Chang	ge	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CII	ry-st	-ZIP			•	
TITLE		☐ DELETE	5.1 TIT				Chan	ge Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	ADDRESS				
			5.4 CIT	TY-ST	-ZIP	•			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TIT				Chang	ge Addition	
NAME			6.2 NA	ME		•	-		
STREET ADDRESS					ADDRESS				
I SIRCETAUURESS	1					F			

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 suppliemental 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 vustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

561-820-949 Davime Phone #