


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000020918</b>			
1. Corporation Name <b>DALACITY USA, INC.</b>			
Principal Place of Business C/O MARQUEZ & FERNANDEZ, P.A. 782 NW LE JEUNE ROAD SUITE 548 MIAMI FL 33126		Mailing Address C/O MARQUEZ & FERNANDEZ, P.A. 782 NW LE JEUNE ROAD SUITE 548 MIAMI FL 33126	
2. Principal Place of Business 21 C/O Nicolas Fernandez, P.A.		2a. Mailing Address 26 780 NW LeJeune Rd	
22 Suite, Apt. #, etc. 780 NW LeJeune Rd Ste 324		27 Suite, Apt. #, etc. Suite 324	
23 City & State Miami, Florida		28 City & State Miami, Florida	
24 Zip 33126 25 Country USA		29 Zip 33126 30 Country USA	
9. Name and Address of Current Registered Agent <b>ESQUIRE CORPORATE SERVICES, INC.</b> 782 NW LE JEUNE ROAD SUITE 548 MIAMI FL 33126		10. Name and Address of New Registered Agent 81 Name <b>Esquire Corporate Services, Inc.</b> 82 Street Address (P.O. Box Number is Not Acceptable) 780 NW LeJeune Rd Ste 324 83 84 City <b>Miami</b> 85 Zip Code <b>FL 33126</b>	
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 <i>Ana Hernandez</i> DATE <b>4-23-99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME <b>Asdourian, Vahe Jean</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>16009 NW 82 Place</b>	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP <b>Miami, Florida 33016</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 register 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 attached form with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)