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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000026147

DANITO USA, INC.

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

03-22-1999 90141 016 ***150.00



Principal Place of Business	Mailing Address		I HOULDAN (180 10) DI (1011) OBSUL UQUUL BANKI OBSUL	I ISBUS BILLET HERIT BEREE SAME LAND
11122 137TH STREET N.	11122 137TH STREET N.			
LARGO FL 33774-4135	LARGO FL 33774-4135			
	-		DO NOT WRITE IN THE	S SPACE
			3. Date Incorporated or Qualifed	
			03/19/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired	\$8.75 Additional Fee Required
22	27			
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country		Country	8. This corporation owes the current year Ir	ntangible ☐ Yes ☐ No
24 25	29 30		Personal Property Tax.	
9. Name and Address of Co	urrent Registered Agent	81 Name	10. Name and Address of New Registered	1 ABelli
MCKEON, THOMAS R		14ame		
. 11122 137TH STREET NORTH		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
LARGO FL 33774-4135		00	<u> </u>	
EARGO 1 E 33/14-1103		83		
		84 City		85 Zip Code
production of the second			<u> </u>	
 Pursuant to the provisions of Sections 60: office or registered agent, or both, in the Sagent. I am familiar with, and accept the company. 	State of Florida. Such change was authori	zed by the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appears	of changing its registered
SIGNATURE				
Signature, typed or printed name of registers	· · · · · · · · · · · · · · · · · · ·	ered Agent signature required		
		13.	ADDITIONS/CHANGES TO OFFICERS A	
TILE D	_	1TITLE P		AX • -
NAME HANSEN, ERICH		^{2 NAME} D a	ilvangsvej 4, 1. Floo	r
STREET ADDRESS RAVNSTRUPVEJKSK X96X E	SSKILSTRIMP(XX	3 STREET ADDRESS 2 6	500 Glostrup	
CITY-ST-ZIP DENMARK		4 CITY-ST-ZIP De	enmark	
TITLE D	∑ J X)ELETE 2.	1 TITLE		☐ Change ☐ Addition
NAME MCKEON, THOMAS R	2	2 NAME		
STREET ADDRESS 11122 137TH STREET N.	2	3 STREET ADDRESS		
CITY-ST-ZIP LARGO FL 33774-4135	2	. 4 CITY-ST-ZIP		
TITLE	☐ DELETÉ 3	.1 TITLE		☐ Change ☐ Addition ·
NAME	3	2 NAME		
STREET ADDRESS	, 3	3 STREET ADDRESS		}
CITY-ST-ZIP	3	.4. CITY-ST-ZIP		
тпе	☐ DELETE 4	.1 TITLE		☐ Change ☐ Addition
NAME	4	. 2 NAME		
STREET ADDRESS	4	.3 STREET ADDRESS		1
CITY-ST-ZIP	4	.4 CITY-ST-ZIP		
ппе	DELETE 5	.1 ππ.E		☐ Change ☐ Addition
NAME	5	.2 NAME	,	
STREET ADDRESS	5	3 STREET ADDRESS		<u>{</u>
CITY-ST-ZIP	5	.4 CITY-ST-ZIP		
TITLE	☐ DELETÉ 6	1 TITLE ,		☐ Change ☐ Addition
NAME	6	.2 NAME		İ
STREET ADDRESS	6	3 STREET ADDRESS		1

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

3/18/99