
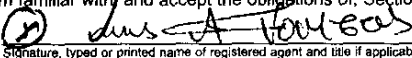


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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90102 018 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000035103			
1. Corporation Name D.A.D. ENTERPRISES, INC.			
Principal Place of Business 13822 S.W. 142ND AVE. MIAMI FL 33186		Mailing Address 13822 S.W. 142ND AVE. MIAMI FL 33186	
2. Principal Place of Business 21 14629 S.W. 104 ST. Suite, Apt. #, etc. 22 498 City & State 23 MIAMI, FL. Zip 24 33186 Country 25 USA		2a. Mailing Address 26 14629 S.W. 104 ST. Suite, Apt. #, etc. 27 498 City & State 28 Miami, FL. Zip 29 33186 Country 30 USA	
9. Name and Address of Current Registered Agent VARGAS, LUIS A 13822 S.W. 142ND AVE. MIAMI FL 33186		10. Name and Address of New Registered Agent 81 Name Luis Vargas 82 Street Address (P.O. Box Number is Not Acceptable) 14629 S.W. 104 ST. 83 #498 84 City MIAMI, FL 85 Zip Code 33186	
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  Luis VARGAS 4/29/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PD NAME VARGAS, LUIS A STREET ADDRESS 13822 S.W. 142ND AVE. CITY-ST-ZIP MIAMI FL 33186 TITLE SD NAME SANCHEZ, DAVID STREET ADDRESS 5875 S.W. 32ND ST. CITY-ST-ZIP MIAMI FL 33155 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE P.S.D. 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)