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 # P98000088521

D&FIN	IDUSTRIES, INC							
Principal Place	e of Business	Mailing Address						
11647 47TH ROAD NORTH ROYAL PALM BEACH FL 33411		11647 47TH ROAD NORTH ROYAL PALM BEACH FL 33411				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 10/15/1998	 	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	-	lied For
21		26				69-000 1103		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	B.75 Ac Fee Req	
City & Stat	е	City & State					5.00 N Added to	
Zip	Country Zip (ry		8. This corporation owes the current year Intangit	le	
24	25	29 30	0			Personal Property Tax.	es [□No'
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Registered Ager	ıt	
FERNANDEZ, DIEGO 11647 47TH ROAD NORTH ROYAL PALM BEACH FL 33411				2	Name Street Addre	ess (P.O. Box Number is Not Acceptable)		
RUTAL PALM BEAUTI FL 33411			8:	3				
				4	City	FL 85 Zip Code		
ł		0502 and 607.1508, Florida Statutes ate of Florida. Such change was auth digations of Section 607.0505, Florid	, the abor horized b la Statute	ve- y ti	named corpo he corporation	oration submits this statement for the purpose of char on's board of directors. I hereby accept the appointment	ging its not as region	egistered istered
SIGNATURE	Signature Typed or printed name in registered	agent and tip if applicable. (NOTE: Re	egistered Ap	ent	signature required	d when reinstating) DATE		
12.	12. OFFICERS AND DIRECTORS 1					ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	D	DELETE	1.1 TITLE			,	Change	☐ Addition
NAME .	FERNANDEZ, DIEGO		12 NAME					
STREET ADDRESS	11647 47TH ROAD NORTH	1	1.3 STRE	ET/	ADDRESS			
CITY-ST-ZIP	ST-ZIP ROYAL PALM BEACH FL 33411		1.4 CITY-	1.4 CITY-ST-ZIP				
TITLE		DELETÉ 2.11		TITLE			Change	Addition Addition
NAME	ļ		2.2 NAME	2 NAME				
STREET ADDRESS	ADDRESS 2.3		2.3 STRE	2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE	:			Change	Addition
NAME	1		3.2 NAME	=				

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 of 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZÎP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TILE

NAME

☐ Addition

☐ Addition

Addition

Change

Change

Change

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90115 048 ***150.00