

FILE NOW. FILING FEE AFTER MAY 10 IS \$500.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90187 026 ***158.75

DOCUMENT # P98000090156

1. Corporation Name

DAMION ALBERT CERA, INC.

Principal Place of Business

175 W CAMINO REAL
BOCA RATON FL 33432

Mailing Address

175 W CAMINO REAL
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1998

4. FEI Number

65-0871602

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fees Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes☐ No

2. Principal Place of Business

21 **FLAMINGO TOWERS**

2a. Mailing Address

26 **FLAMINGO TOWERS**

Suite, Apt. #, etc.

22 **SUITE 1133**

Suite, Apt. #, etc.

27 **SUITE 1133**

City & State

23 **MIAMI BEACH, FL**

City & State

28 **MIAMI BEACH, FL**

Zip

24 **33139**

Country

25 **U.S.**

Zip

29 **33139**

Country

30 **U.S.**

9. Name and Address of Current Registered Agent

CERA, DENISE M
175 W CAMINO REAL
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

81 **DAMION CERA**

82 Street Address (P.O. Box Number is Not Acceptable)

82 **1500 BAY ROAD**83 **SUITE 1133**

84 City

84 **MIAMI BEACH**

FL

85 Zip Code

85 **33139**

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

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
FEBRUARY 10, 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME **DAMION CERA**STREET ADDRESS **1500 BAY ROAD # 1133**CITY-ST-ZIP **MIAMI BEACH FL 33139**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 REGISTERING OFFICER OR DIRECTOR

DATE
FEBRUARY 10, 1999 (305) 443-5206

Date

Daytime Phone #

CR2E034 (11/98)