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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000092992

Corporation Name

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90012 049 ***158.75

וראו מטט	RATE - DAIDO KAI, INC.								
							.		
Principal Place	of Business	Mailing Address							
10409 SOUTHWEST 186TH STREET POST OFFICE BOX 924006 MIAMI FL 33157 MIAMI FL 33092-4006			6						
MIAMI FL 33157	•	MIAMI FL 33032-4000				DO NOT	WRITE IN THIS	SPACE	
						3. Date Incorporated or Qua	alifed		
		• •				11/03/1998			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26 P. O Box 9	<u>ภาเระ</u>	<u> </u>		65-0874625			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desir	red 🗓	\$8.75 / Fee Re	I .
22		27							·
City & State	9 /	City & State	FLORI	` .		6. Election Campaign Finar Trust Fund Contribution	icing	\$5.00 Added 1	
Zip	Country	Zip Zip	Cou			8. This corporation owes the	o autropt year In		0100
24	25	33197	_	USA		Personal Property Tax.	e culterit year itt	Yes	17K6
24	9. Name and Address of Current	180	130]	1		10. Name and Address of I	New Registered	Agent	
	<u> </u>		,,,,,,	81 N	lame				1
AMERILAWYER 343 ALMERIA AVENUE				82 S	troot Addre	ss (P.O. Box Number is Not A	ccentable)		
				82 Street Add					
COR	AL GABLES FL 33134			83					
l				84 C	City			85 Zip	Code
					•		<u>_Fl</u>	.	
11. Pursuant	to the provisions of Sections 607,0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statu	ites, the al	bove-na	amed corpo	ration submits this statement for	or the purpose of accept the appo	changing its intment as re	registered aistered
agent. I a	n familiar with, and accept the obligat	tions of, Section 607.0505, Fl	orida Stati	utes.	corporation	a board of circulors. Thereby			
SIGNATURE							DATE		\
	Signature, typed or printed name of registered agen OFFICERS AN	<u> </u>	E. Registered	Agent sig	nature required	when reinstating) ADDITIONS/CHANGES T		ND DIRECTO	RS IN 12
12.	PSTD	D DIKECTORS DELETE	1.1 10	TI F	TV	/1/5/		Change	Addition
NAME	CAMPBELL, H B					1 1 1 41		(Decitation	
STREET ADDRESS	26839 SOUTH DIXIE HIGHWAY		1.2 N/			, , , , , ,			
CITY-ST-ZIP			1		DRESS 1		treet end	FLOOR	
			1.3 ST	AME TREET ADI		oyog Sw 1867" S M.Ami Florisa			
TITLE	MIAMI FL 33092	☐ DELETE	1.3 ST	AME TREET ADI TTY-S <u>T-ZI</u> F		0400 SM 1867" S			Addition
NAMÉ			1.3 ST	AME TREET ADI TTY-ST-ZIF TLE		0400 SM 1867" S		FLOOR	
			1.3 ST 1.4 CF 2.1 TF 2.2 N/	AME TREET ADI TTY-ST-ZIF TLE		0400 SM 1867" S		FLOOR	
NAME			1.3 ST 1.4 Cr 2.1 TT 2.2 N/ 2.3 ST	AME TREET ADD TTY-ST-ZIF TLE AME	DRESS	0400 SM 1867" S		F. oo Æ	☐ Addition
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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 suppliemental 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

4/7/99

305 971 7575 Daytime Ph

Daytime Phone #

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