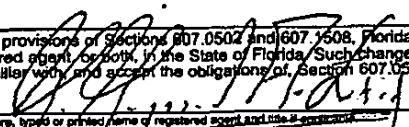


FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90091 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000098873 1. Corporation Name DAUD FARMS, INC. Dawood Farms Corp.			
Principal Place of Business 100 N. BISCAYNE LVD., 21ST FLOOR MIAMI FL 33132		Mailing Address 100 N. BISCAYNE LVD., 21ST FLOOR MIAMI FL 33132	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 7965 NW 21st City & State 23 MIAMI, FL Zip 24 33126 25 U.S.A.			
2a. Mailing Address 26 SAME AS #2 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30			
3. Date Incorporated or Qualified 11/24/1998			
4. FEI Number 65-0879383			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee 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			
9. Name and Address of Current Registered Agent WOODBRIDGE, FREDERICK JR. 100 N. BISCAYNE LVD., 21ST FLOOR MIAMI FL 33132		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 		DATE 4/28/99	
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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

04/28/99

Date

Daytime Phone #

CR2E034 (11/98)