

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

1995 MAY 18 AM 9:31
TALLAHASSEE, FLORIDA

DOCUMENT # S00647

(5)

1. Corporation Name

THE DALL CORPORATION

Principal Place of Business

14001 N.W. 2ND AVE.
MIAMI FL 33168

Mailing Address

14001 N.W. 2ND AVE.
MIAMI FL 33168

100001494421
-05/19/95--01034--004
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/11/1990

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0215402

Applied For

☒ Not Applicable

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

SIMMONS, DEBRA A.
14001 N.W. 2ND AVE.
MIAMI FL 33168

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VT

NAME

SIMMONS, LORENZO

STREET ADDRESS

14001 N.W. 2ND AVE

CITY - ST - ZIP

MIAMI FL

TITLE

PS

NAME

SIMMONS, DEBRA A.

STREET ADDRESS

14001 N.W. 2ND AVE

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

SIMMONS, ASHLEY L.

STREET ADDRESS

14001 N.W. 2ND AVE

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

SIMMONS, LAUREN N.

STREET ADDRESS

14001 N.W. 2ND AVE

CITY - ST - ZIP

MIAMI FL

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

☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor provisions of the 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 changed, or on an attachment with an address.

SIGNATURE:

Lorenzo Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORENZO SIMMONS

REMITTED BY MAY 1

4/26/95

757-3737