## 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 # **S34681**

1. Corporation Name

DANOR CORPORATION

Principal Place of Business	Mailing Address			
2701 SW 113 COURT MIAMI FL 33165	2701 SW 113 COURT MIAMI FL 33165			

## FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90154 041 \*\*\*150.00



Principal Plac	e of Business	Mailing Address						•	
2701 SW 113 COURT 2701 SW 113 COURT MIAMI FL 33165 MIAMI FL 33165					DO NOT WRITE IN THIS S	DACE			
							AOL		
						3. Date Incorporated or Qualifed			
						02/28/1991	<del>- 1   .</del>		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		pplied For	
21		26				65-0244619		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
23	Country	Zip		Country		This corporation owes the current year Inta			
Zip	— " ′	— ·		Country			Yes	□No	
24	9. Name and Address of Currer	29	30			10. Name and Address of New Registered A	<u></u>		
-	9. Name and Address of Curren	It Registered Agent		81	Name x		.3		
ALVAREZ, CATALINA 30 <del>96-SW-19TH TER</del> R. M <del>IAMI-FL 33165</del>				OF NAME ALVAREZ, CATALINA					
			82	Street Address (P.O. Box Number is Not Acceptable) 1 0054 NW 44 TEQRACE, APT 203					
			83						
				84	City M I	IAMI FL	85 Zip 33	Code 3178	
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	s author	rized by	tne corporation	poration submits this statement for the purpose of coon's board of directors. I hereby accept the appoin	hanging its tment as re	registered egistered	
SIGNATURE						d when reinstating) DATE			
	Signature, typed or printed name of registered age	nt and title if applicable (NC ND DIRECTORS		13.	n signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
12.	<del></del>	O DIRECTORS		1.1 TITLE		ADDITIONO OF INTEGER TO OF TOLING AND	Change	☐ Addition	
TITLE	PD	☐ DELETE							
NAME	NOYOLA, DANIEL		- 1	12 NAME					

STREET ADDRESS 2701 SW 113TH CT. 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE USD TITLE VSD 2.1 TITLE CATALINA, ALVAREZ 10054 NW AGTH TERNACE, APT 203 GATOLINA, ALVAREZ 2.2 NAME NAME 10054 NW 44TH TERRACE, APT 209 2.3 STREET ADDRESS STREET ADDRESS MIAMU FL. 33178 **MIAMI FL 33178** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 31 TITLE TITLE NAME TORRELLI, CRISTINA 3.2 NAME 3.3 STREET ADDRESS 914 BENFIELD DR. STREET ADDRESS GREENSBORO NO 34 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 sopplemental 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 apprecs, with all other like empowered.

SIGNATURE:

MING OFFICER OR DIRECTOR