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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$79857

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DAKO CORPORATION

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Secretary of State	

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Principal Place of Business 1651 COLLINS AVE. MIAMI BCH. FL 33139 US 2. Principal Place of Business 21 Suite, Apt. #, atc. 22 City & State 23		1651 COLL #1002 MIAMI BEA US 2a. Mailing 26 Suite,	MIAMI BEACH FL 33139-3136 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			3. Date Incorporated or Qualified 09/12/1991 08/07/1996 4. FEI Number Applied Not Appl 5. Certificate of Status Desired \$8.75 Addition Fee Required Frust Fund Contribution Added to Fee						
Zip	Country	Zip		Count	try			ition has liability for i	ntangible i	lax und	-	
24	25	29	<u> </u>	30			Florida Statu		Yes [
5005	9. Name and Address of Currer DEYRO, DALMA COLLINS AVE. AI BEACH FL 33140	nt negistered A	gent	6	31 32 33 34	Name Street Add	tress (P.O. Box Num	Address of New Re			Zip C	ode
office or re agent. Far SIGNATURE	o the provisions of Soctions 607.050 sgistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	of Florida. Such pations of, Section	h change was a on 607.0505, Fk	authorized orida Statul	by tes.	the corpora	rporation submits this ation's board of direct uired when reinstating)	s statement for the p stors. I hereby accep	urnose of	changi pintmen	ng its it as r	registered egistered
12.	=	ID DIRECTORS		13.			ADDITIONS/C	HANGES TO OFFIC	ERS AND			
TITLE NAME SIREET ADORESS CITY-ST-ZIP	DT CORDEYRO, DALMA 5005 COLLINS AVE. MIAMI BEACH FL PVS		DELETE	1.4 CITY	AE Eet a 7 - St	ADDRESS - ZIP	:			☐ Cha		Addition
THE NAME STREET ADDRESS CHY-ST-ZIP	CORDEYRO, DALMA 5005 COLLINS AVE. MIAMI BEACH FL			2. 4 CHT	AE Eet a Y-st	adoress - ZIP	• .					
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THLE NAME STHEET AODRESS DITY-ST-ZIP			☐ DELETE	4.1 TITL 4. 2 NAM 4.3 STRI 4.4 CITY	ME Eet a	ADDAESS - Zip				∏ Cha	nge	Addition
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THEF HAME STREET ADDRESS CITY-ST-ZIP			DELETE	6.1 TITL 6.2 NAM	E NE EET A	ADORESS		(OVG) Floring Past do		☐ Cha		Addition

I do 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 ooth, 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.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Priorie #