FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business 1688 MERIDIAN AVENUE

MIAMI BEACH FL 33139

SUITE 801



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S82

(1)

SUITE 801 MIAMI BEACH FL 33139

DAVIMOS MANAGEMENT, INC.

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1688 MERIDIAN AVENUE	

3. Date Incorporated or Qualified

FILED

Feb 02 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

									09/25/1991					
2. Principal F	Principal Place of Business 2a. Mailing Address								4. FEI Number		Į A	oplied For		
21	26								65-0289648		N	ot Applicable		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired	\$	8.75	Additional			
22	2 27							_	5. Certificate of Status Desired	 .e.s	Fee R	equired		
City & State City & State								6. Election Campaign Financing		\$5.00	May Be			
23 28									Trust Fund Contribution			to Fees		
Zip		Country	Zip		Count				8. This corporation owes or has paid	the current	vear In	tangible		
24	2	5	29		30				Personal Property Tax due June 30			J No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent														
MAENZA, JOSEPH A							Ne	ıme						
1688 MERIDIAN AVE						82	Str	eet Addre	ss (P.O. Box Number is Not Acceptable)				
	ITE 801					83	├—			- <u></u>	<u> 15. 15.</u>	7 72.2 7 7 3 2 E E E		
MIA	ami beach i	-L 33139				"	Ì		and the second s		9 4 627	(0.000年) (1.000年) (1.000年)		
						84	Cit	y		8		Code		
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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 of the provisions of Sections 60.000 to the State of English Such change was authorized by the corporations based of directors. I hereby accept the appointment as 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											namer is	ر معتقد بند		
Oldright	Signature, typed or	printed name of registered agen	t and title it applic	able, (NOT	E. Regist	ered Age	ent sign	nature required	when reinstating)	DATE	.# - e1			
12.		OFFICERS AND	DIRECTOR		1:	3			ADDITIONS/CHANGES TO OFFICE					
MITE .	PD			DELETE .	1.1	1 TITLE		1			Change	Addition		
NAME	MAENZA,	JOSEPH			1.2	2 NAME						ĺ		
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14. Thereby 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.

SIGNATURE:

MOSTOUBE RECTURED MARRE

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305-672-8455