

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S85558**

1. Corporation Name
DAU CORPORATION

Principal Place of Business
**504 WASHINGTON AVE
MIAMI BEACH FL 33139**

Mailing Address
**504 WASHINGTON AVE
MIAMI BEACH FL 33139**

FILED

99 SEP 30 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1991

4. FEI Number

65-0286000

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**COLMENARES, JAIRO J
1073 NW 129 AVENUE
MIAMI FL 33182**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VD

NAME

COLMENARES, JAIRO

STREET ADDRESS

1073 NW 129TH AVE.

CITY-STATE-ZIP

MIAMI FL

TITLE

S

NAME

PADILLA, PEDRO G

STREET ADDRESS

1621 COLLINS AVENUE APT 204

CITY-STATE-ZIP

MIAMI BEACH FL

TITLE

P

NAME

COLMENARES, JOSE T

STREET ADDRESS

504 WASHINGTON AVENUE

CITY-STATE-ZIP

MIAMI BHC FL 33139

TITLE

[DELETED]

NAME

[DELETED]

STREET ADDRESS

[DELETED]

CITY-STATE-ZIP

[DELETED]

TITLE

[DELETED]

NAME

[DELETED]

STREET ADDRESS

[DELETED]

CITY-STATE-ZIP

[DELETED]

TITLE

[DELETED]

NAME

[DELETED]

STREET ADDRESS

[DELETED]

CITY-STATE-ZIP

[DELETED]

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/09/99

305/673-1996

0041024

CR2E034 (5/99)

KE