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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

	1996	DIVISION C	F CORPORATIONS		
DOCU 1. Corporatio	MENT # \$9355	1 (7)			
DAVE	LO CORP.				
²rinopal Place	e of Business	Mailing Address			
3143 NE 16	- +	3143 NE 163 STR			
NO MIAMI F	FL 33160	NO MIAMI FL 33160 US			
				3. Date Incorporated or Qualified 11/12/1991	3a. Date of Last Report 01/24/1995
Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc. Suite. Apt. #, etc			65-0305818	Not Applicab
		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	Orty & State		6. Election Campaign Financing	\$5.00 May Be
] Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
]	[25]	29	30	Florida Statutes XYe	es 🗌 No
	Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New	Registered Agent
LOPATE	E, DAVID		82 Street Add	dress (P.O. Box Number is Not Accepta	sho\
	.E. 163RD STREET			sides (i.e. box number is not Accepts	sole)
NO MIA	MI FL 33160		83		
			84 City		FL 85 Zip Code
1. Pursuant t	to the provisions of Sections 607.0502 red agent, or both, in the State of Florid	and 607.1508, Florida Statu	tes, the above named corpo	pration submits this statement for the pr	
familiar wi	ith, and accept the obligations of, Section	on 607.0505, Florida Statute	see by the corporation's bo. s.	ard of directors. I hereby accept the ap	pointment as registered agent. I am
ignature .	Styrial nei typed in printed manie of registered agent a	receiption if we are able to the	OTS Supplied Association		
· ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-	OFFICERS AND		OTE Progretered Agent signature requirements.		FICERS AND DIRECTORS IN 12
LĒ	PD	☐ DELETE	1. 1 TITLE		☐ Change ☐ Addition
/t	LOPATE, DAVID		1 2 NAME		
REET ADDRESS IY - ST- ZIP	3143 NE 163 STR NO MIAMI FL		1 3 STREET ADDRESS		
(f	STD	DELE1E	14 CITY-ST-ZIP 2 1 TITLE		Change Addition
Mf	KRAMER, JAMES	_ ,	2.2 NAME		
HEFT ADDRESS	4225 PONCE DE LEON BLVD		2 3 STREET ADDRESS		
Y-SI-ZiP VF	CORAL GABLES FL D	DELETE	2.4 C(TY-ST-Z)P		
Mt	KRAMER, TRACY		3 1 TITLE 32 NAME		☐ Change ☐ Addition
RELU ADDRESS	4225 PONCE DE LEON BLVD		33 STREET ADDRESS		
y - S1 - 21F	CORAL GABLES FL		3.4 CHY-ST-ZIP		
i F Mi	D SHAKOMO ZEEE	DELETE	4 1 TITLE		Change Addition
ME Ree Cadioress ()	SIMKOVIC, ZEFF 4225 PONCE DE LEON BLVD		4.2 NAME		
Y ST-71₽	CORAL GABLES FL		4 3 STREET ADDRESS 4 4 CITY - ST - ZIP		
ı F	D	DELETE	5 1 TITLE		Change Addition
A:	MUNACH, DANA		5.2 NAME		
EELADDR: SS	9835 SUNSET DRIVE, #107		5.3 STREET ADDRESS		
(SI-ZIP E	MIAMI FL D	☐ DELETE	5.4 CITY - ST - ZIP 6. 1 TITLE		Change C taken
И	ROEMMELE, PAUL	_ Section	6.2 NAME		☐ Change ☐ Addition
EFT ADDRESS	10374 W. SAMPLE ROAD	ć.	63 STREET ADDRESS		
v - \$1 - ZIP	CORAL SPRINGS FL		6 4 CITY-ST-ZIP		
 I do hereby certify that 	y certify that the information supplied w the information indicated on this annua	ith this filing is voluntarily furr il report or supplemental ann	hished and does not qualify hual report is true and accura	for the exemption stated in Section 119 ate and that my signature shall have the	0.07(3)(k), Florida Statutes. I further same legal effect as if made under
oath; that l appears in	the information indicated on this annual lam an officer or director of the corpora Block 12 or Block 13 f changed or, or	ation or the receiver or truste i an attachment with an add	e empowered to execute the	is report as required by Chapter 607, F	lorida Statutes; and that my name
	2 / 1/1				
IGNAT	URE: SIGNATURE AND WALL BUT	PRINTED NAME OF SIGNING OFFICE	NT of DaveL	· 4625 96	305 9472228
		January Committee Of Fice	U. DIRECTOR	Date	Daytime Phone #