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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # V0806

(2)

DARLING AVE., INC.

Principal Place of Business

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Mailing Address

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Apr	18	1997	8:00am
Se	cre	tary c	of State

	8 888

P.O. BOX 2531 S. MIAMI FL 33243		P.O. BOX 2531 S. MIAMI FL 33243		•			
					3. Date Incorporated or Qualified 01/21/1992	3a. Date of Last Report 04/16/1996	
2. Principal P	lace of Business	2a. Mailing Address	CT M. R. P. CAPUT OF CONTRACT COM-	The	4. FEI Number	Applied For	_
21		26			65-0309937	Not Applical	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Ζiρ	Country Zip			у	8. This corporation has liability for in		
24	25	29	30			Yes No	
	9. Name and Address of Cur	rent Registered Agent	T		10. Name and Address of New Reg	stered Agent	
BER	RTNER, JONATHAN D.		8	1 Name			
	00 SW 69 AVE.		-	0) () () ()	70 C D A)		
	MI FL 33156		8	Street Add	dress (P.O. Box Number is Not Acceptabl	0)	
, IMIN	MI LE 22120		8	3			
			8	1 City		FL 85 Zip Code	
11 Purcuent	to the provisions of Sections 6077	0000 and 607 1609 Florida Statut	lon the abo	1 named on	reportion submits this statement for the pu		
office or r	registered agent, or both, in the St	ate of Florida, Such change was	authorized t	by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	í
agent la	im familiar with, and accept the ob	oligations of, Section 607.0505, Fi	orida Statut	OS.			
SIGNATURE			a Loromo Le				
12.	Signature, typed or pointed name of registered	AND DIRECTORS	13.	gent signaturo requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PS AND DIRECTORS IN 12	
TITLE	n	DELETE	1.1 TITLE		ADDITIONAL CHARGES TO CITTO	Change Addit	<u></u> _}
NAME	BERTNER, JONATHAN D.	hand DV.EC.	1.2 NAME			E ounds E van	" <u>`</u>
	12500 SW 69 AVE.			1			3
STREET ADDRESS	MIAMI FL			1 ADDRESS			Ļ
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NAME			2.2 NAME				
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NAME			3.2 NAME				
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NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-	S1 - 71P			
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NAME			6.2 NAME			-	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			64 CITY-				
0111-01-5IF			940111-	oi.tu			

14. 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 eath; that I am an officer or directory 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 (Flock 13 if changes) or on an attachment with an address.

CIONIATURE.

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