

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90182 021 ***150.00

DOCUMENT # V13089

1. Corporation Name

DADECO ASSOCIATES, INC.

Principal Place of Business

12677 SOUTH DIXIE HWY
MIAMI FL 33156
US

Mailing Address

12677 SOUTH DIXIE HWY
MIAMI FL 33156
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1992

4. FEI Number

65-0310593

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEOPOLD, NORMAN
20801 BISCAYNE BLVD
SUITE 501
NORTH MIAMI BEACH FL 33180

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME DAVIS, SUSAN M
STREET ADDRESS 12681 S. DIXIE HWY 12677
CITY-ST-ZIP MIAMI FL 33176 33156

TITLE D ☐ DELETE

NAME CASTIGLIONE, DENNIS
STREET ADDRESS 17689 NW 78TH AVE
CITY-ST-ZIP HIALEAH FL 33015

TITLE D ☐ DELETE

NAME KILLEN, PATRICK J
STREET ADDRESS 13440 BISCAYNE BLVD 10900
CITY-ST-ZIP NORTH MIAMI FL 33161 Suite 900

TITLE D ☐ DELETE

NAME MARTIN, VAN R
STREET ADDRESS 12681 S. DIXIE HWY. 12677
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ DELETE

NAME SHAW, R CARY
STREET ADDRESS 444 BRICKELL AVE 432601
CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME MARTIN, HARRIET
STREET ADDRESS 12681 S. DIXIE HWY. 12677
CITY-ST-ZIP MIAMI FL 33156

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

Date

305.285-2621

Daytime Phone #

CR2E034 (1/98)