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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V13471** (0)

1. Corporation Name
DARIO TREJO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~2551 NW 92 AVENUE~~ ~~CORAL SPRINGS FL 33065~~ ~~US~~	~~2551 NW 92 AVENUE~~ ~~CORAL SPRINGS FL 33065-6134~~ ~~US~~

3. Date Incorporated or Qualified: 02/10/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 5700 NW 50 ST.
Suite, Apt. #, etc.
22
City & State
23 CORAL SPRINGS, FL
Zip 24 33067 Country 25

2a. Mailing Address
26 5700 NW 50 ST
Suite, Apt. #, etc.
27
City & State
28 CORAL SPRINGS, FL
Zip 29 33067 Country 30

4. FEI Number: 65-0327361 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~TREJO, DARIO~~
~~2551 NW 92 AVENUE~~
~~SUITE B~~
~~CORAL SPRINGS FL 33065~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5700 NW 50 ST.
83
84 CORAL SPRINGS FL 85 Zip Code 33067

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	TREJO, DARIO	1.2 NAME	5700 NW 50 ST.
STREET ADDRESS	~~2551 NW 92ND AVE~~	1.3 STREET ADDRESS	CORAL SPRINGS, FL 33067
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	TREJO, DARIO	2.2 NAME	5700 NW 50 ST.
STREET ADDRESS	~~2551 NW 92ND AVE~~	2.3 STREET ADDRESS	CORAL SPRINGS, FL 33067
CITY-ST-ZIP	~~CORAL SPRINGS FL~~	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: X [signature] 3-31-97 954-257-8053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D16016A