

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V27739** (4)

1. Corporation Name

**DAVIMAE CORPORATION**



Principal Place of Business

**169 E FLAGLER  
SUITE 1620  
MIAMI FL 33131  
US**

Mailing Address

**169 E FLAGLER  
SUITE 1620  
MIAMI FL 33131  
US**

3. Date Incorporated or Qualified  
**04/10/1992**

3a. Date of Last Report  
**04/07/1995**

4. FET Number  
**65-0338138**

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 **Foreign Shareholder**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 **1600**  
City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, ELLIOTT  
111 SW 3  
6 FL  
MIAMI FL 33130**

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: Speed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>LINDENFELD, CARLOS</b>	
STREET ADDRESS	<b>169 E FLAGLER 1620</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>LINDENFELD, JUDITH</b>	
STREET ADDRESS	<b>169 E FLAGLER 1620</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>LINDENFELD, MARTIN</b>	
STREET ADDRESS	<b>169 E FLAGLER 1620</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>LINDENFELD, DANYA</b>	
STREET ADDRESS	<b>169 E FLAGLER 1620</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>LINDENFELD, ELSA</b>	
STREET ADDRESS	<b>169 E FLAGLER 1620</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 *Danya Lindenfeld*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/96** **(805) 3778832**  
DATE DAYTIME PHONE

CR2E034 (12/95)