

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION  
ANNUAL REPORT  
1995FLORIDA DEPARTMENT OF STATE  
Sandra B. Monham  
Secretary of State  
DIVISION OF CORPORATIONSAPPROVED  
AND  
FILED

95 MAR -7 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V28088 (5)

1. Corporation Name

DANYMAR, INC.

Principal Place of Business

133 EAST FLAGLER STREET  
MIAMI FL 33131

Mailing Address

133 EAST FLAGLER STREET  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1992

3a. Date of Last Report

03/08/1994

4. FEI Number

65-0325470

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SCHAMY, MARCELO  
133 EAST FLAGLER STREET  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |
|-----------------|---------------------|
| TITLE           | D                   |
| NAME            | SCHAMY, MARCELO     |
| STREET ADDRESS  | 133 EAST FLAGLER ST |
| CITY - ST - ZIP | MIAMI FL 33131      |
| TITLE           | P.                  |
| NAME            | DANIEL CHORNY       |
| STREET ADDRESS  | 133 EAST FLAGLER ST |
| CITY - ST - ZIP | MIAMI, FL 33131     |
| TITLE           | D                   |
| NAME            | URIEL SCHAMY        |
| STREET ADDRESS  | 133 EAST FLAGLER ST |
| CITY - ST - ZIP | MIAMI, FL 33131     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                         |                                                                              |
|---------------------|-------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | VICE PRESIDENT/DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            |                         |                                                                              |
| 1.3 STREET ADDRESS  |                         |                                                                              |
| 1.4 CITY - ST - ZIP |                         |                                                                              |
| 2.1 TITLE           | PRESIDENT               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME            | DANIEL CHORNY           |                                                                              |
| 2.3 STREET ADDRESS  |                         |                                                                              |
| 2.4 CITY - ST - ZIP |                         |                                                                              |
| 3.1 TITLE           | DIRECTOR/SECRETARY      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME            | URIEL SCHAMY            |                                                                              |
| 3.3 STREET ADDRESS  |                         |                                                                              |
| 3.4 CITY - ST - ZIP |                         |                                                                              |
| 4.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                         |                                                                              |
| 4.3 STREET ADDRESS  |                         |                                                                              |
| 4.4 CITY - ST - ZIP |                         |                                                                              |
| 5.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                         |                                                                              |
| 5.3 STREET ADDRESS  |                         |                                                                              |
| 5.4 CITY - ST - ZIP |                         |                                                                              |
| 6.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                         |                                                                              |
| 6.3 STREET ADDRESS  |                         |                                                                              |
| 6.4 CITY - ST - 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 110.07(3)(a), Florida Statutes. I further certify that the information included 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 in an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-95

Date

(605) 375-8000