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.

FILED Apr 25 1997 8:00am Secretary of State

DOCUMENT # V28088 1. Corporation Name DANYMAR, INC.					
Principal Place of Business 133 EAST FLAGLER STREET MIAMI FL 33131		Mailing Address 133 East Flagler Street Miami Fl 33131-1101		I (BBI) Bijjaja (LBB) (BBI), BBIB) (BIB) (BIB) (BIB) BIB)(BIB) BIB)	
				3. Date Incorporated or Qualified 04/13/1992	3a. Date of Last Report 04/20/1996
2. Pancipal	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0325470	Applied For Not Applicable
Suitc Apt #, etc		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St.	ile	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
71p 4	Country 25	Zip 29	Country 30	8. This corporation has liability for in	
14	9. Name and Address of Curre		100	10. Name and Address of New Reg	
SC	HAMY, MARCELO		81 Name		
133 EAST FLAGLER STREET MIAMI FL 33131			82 Street Ac	ddress (P.O. Box Number is Not Acceptable	ө)
****			83		
			84 City		FL 85 Zip Code
office or agent 1 SIGNATURE	Signature, typical or produce cause of registered a	gent and title if apolicable (N	OTE: Registered Agent signature re		DATE
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
PILE VAME	SCHAMY, MARCELO	☐ DECE 1€	1 1 TITLE 1.2 NAME		El cualide El vicalio
sarric Sarre a adoress	AND CART CLARIED OF		1.3 STREET ADDRESS		
oner i About e Dity-\$1-7F	MIAMI FL		1.4 CITY - ST - ZIP		
ri Le	P	DELETE	2.1 TITLE		Change Addition
NAM(CHORNY, DANIEL		2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
C-1Y - 51 - 7iP	MIAMI FL		2. 4 CITY-ST-ZIP		
111(DS COULAND APPEL	DELETE	3.1 TITLE		Change Additio
NAMI.	SCHAMY, URIEL 133 FLAGLER ST.		3.2 NAME		
STREET ADDRESS	MIAMI FL		3.3 STREET ADDRESS		
OPY-S1-7#P TITLE	THE WALL I	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		hand which the	4.2 NAME		Perm scrowning Perm Montho
STREET ADDRESS			43 STREET ADDRESS		
Citir - S.f - Zir			4.4 CITY+ST-ZIP		
THE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS		•	5.3 STREET ADDRESS		
CHY-ST ZIE			5.4 CITY - S1 - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additio
NAME			62 NAME		
	;		6.3 STREET ADDRESS		

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 concention 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 and a statutes.

6.4 CITY - ST - ZIP

SIGNATURE:

CHY+S1-7IP

305 375.8044