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

PROFIT• CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT #** 

V31373

DH C (6)

1. Corporation Name  DAYCO BROWARD I, INC.			VENTH 5008			
Principal Place of Business Mailing Address  848 BRICKELL AVE SUITE 810  MIAMI FL 33131  MIAMI FL 33131					- LABLI BIIBAG riidt (chaā iit	
					3. Date Incorporated or Qualific 04/24/1992	05/01/1995
2. Principal Plac	be of Business	<b>2a.</b> Mailing Address			4. FET Number 65-0479585	Applied For Not Applicable
		26	tc.			\$8.75 Additional
22		├── <b>ा</b>			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	
23		28			Trust Fund Contribution	Added to Fees
− <sub>⊐</sub> Zip	Country	Ζip	Count	lry		for intangible tax under sil 199.032, Yes - No
24	25 9. Name and Address of Currel	29 Agent	[30]		10. Name and Address of Ne	
	g, reditie and Address of Control	go.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.		Name		
* GORSON, MATTHEW B.				2 Street A	Address (P.O. Box Number is Not Acce	otable)
1221 BRICKELL AVE. MIAMI FL 33131				JUDGU A	duless (i.e. two realities is reserved)	, action of
			8	33		
-			1	34 City		85 Zip Code
·				,		FL
or registerer familiar with	the provisions of Sections 607.050, dagent, or both, in the State of Flor , and accept the obligations of, Sec	z ang 607.4508, Florida Stati da. Such change was autho tion 607.0505, Florida Statut	rized by the co les.	e-names con propartion's b	poration strengths this statement for the poart of directors. Thereby accept the	purpose of changing its registered office appointment as registered agent. I am
SIGNATURE _ s	gnature, typed or printed name of registered agen	t and title if applicable	NOTE: Registered A	gert sig interere	opinest vita, intorestating	[)AT <sub>E</sub>
12.		D DIRECTORS	13.			OFFICERS AND DIRECTORS IN 12
TILE	D PLACOSTING FRANCO	DELETE	1 1 111		D. P. S. T	Change Addition
NAME	D'AGOSTINO, FRANCO 848 BRICKELL AVE., SUITE 810 MIAMI FL 33131		12 NAME 13 STREET ADDRESS			
STREET ADDRESS						
DITLE	VP	[7] DELETE	2 11/1	F 212		Change Addition
NAME	PAEZ, EDUARDO		2.2 NAN			<u>_</u> ,
STRELF ADDRESS	848 BRICKELL AVE., SUITE 810		2 3 STREET ADDRESS			•
CITY-ST-ZIP	MIAMI FL 33131			(-ST-ZIF		
11*LF	AS	DELETÉ	3 1717		• • • • • • • • • • • • • • • • • • • •	Change Addition
NAME	Francuz, Gregory R		3.2 NAM	u		
STREET ADDRESS			3.3 SIE	IEET ADDRESS		
CITY - ST - 7IP	MIAMI FL 33131			í - S1 - Zif		
TITLE		☐ DELETE	4 1 111			Change Addition
NAME			4.2 NAN			
STREET ADDRESS				EET ADDRESS		
CHY-ST-ZIP		DELETE	4.4 CIT1	( - \$1 - 7IF		Change Addition
TITLE NAME		[] Mill	5 2 NAA			
STREET ADDRESS				EFT ADDRESS		
CITY - ST-ZIP				r-ST-ZIF		
TILE		DELFIF	£ 1 T-T		300001	750445e Addition
NAME			6.2 NAM	đi l	-03/20/960	01014017
STREET ADDRESS			63 STR	EEL ADDRESS	***600.00	
CITY: ST: ZIP			64 CIT	Y-ST 7/P		
14. I do hereby	certify that the information supplied	with this filing is voluntarily fo	umished and d	oes not qua	lify for the exemption stated in Section curate and that my signature shall have	119.07(3)(k), Florida Statutes. I further the same logal effect as if made under

certify that the information indicated on this arritial report or supplierherital arrition report is the and accurate and that my signature shall have the same logarisated as influed and cath; 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:

SIGNATURE AND TYPES OR PRINTED MAYE OF SIGNING OFFICER OR DIRECTOR

//24/96 (305) 377-8333 Control Professional Contro

CR2E034 (12/95)