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

 Corporation 	MENT # V67577 DALE SERVICE, INC.	(9)					
Principal Place	e of Business	Mailing Address		 	: 100% DESIGNE GENE <u>indan</u> Gere 400% 104	i Billik Billik bilek billik	OLDIN APORT LOGI
15 NORTH FEDERAL HWY HALLANDALE FL 33009		15 NORTH FEDERAL HWY HALLANDALE FL 33009-4338					
					3. Date Incorporated or Qualified 09/24/1992	3a. Date of La 05/01/199	
· 1	lace of Business	2a. Mailing Address			4, FEI Number		Applied For
Suite, Apt.	# ote	Suite. Apt # etc.		65-0370412 Not Applicable \$8.75 Additional			
22	P, title.		27		5. Certificate of Status Desired		e Required
City & State	0	Cily & State		6. Election Campaign Financing		.00 May Be	
23		28			Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Country		8. This corporation has liability for		der s. 199.032,
24	25 9. Name and Address of Current	[29]	30		Florida Statutes 10. Name and Address of New R	Yes No	
CCM	RO-SEGUROLA, CHANTAL	Hegistered Agent	81	Name /	10. Name and Address of New N	agistereo Agent	
) S.W. 69 WAY AMAR FL 33023		82 83 84		HANTAL FERRO-SECUR dress (P.O. Box Number is Not Accepta 5 N FEDELAL HWY ALLAN DALE FI	3300 9	Zip Code
11. Pursuant office or ragent Ta	egistored agent, or both, in the Stato in familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	authorized by Florida Statutes	the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changi opt the appointmen	ing its registered at as registered
12.	Signature: type disciplinated name of registerod ages OFFICERS AND		13.	int signature req	ADDITIONS/CHANGES TO OFFI		CTORS IN 12
TITLE	P	DELETE	1.1 TITLE		P	⇒ kCha	
NAME	FERRO-SEGUROLA, CHANTAL		1.2 NAME	1	HANTIPL FERRO-SEGU	KOLA	
STREET ADDRESS	3710 S.W. 69 WAY		1.3 STREET	ADDRESS	MANNIAL FERRO-SEA 15 N PEVERAL HWY HALLANDALE, FI 3		Į.
Cify - S1 - ZiP	MIRAMAR FL 33023		1.4 CITY - S	T-21P	HALAWORLE, FI 3	५०७२	
TITLE	☐ DELETE		2.1 TITLE			Cha	ange 🔲 Addition
NAME			2.2 NAME	i			
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-S1-ZIP		PELETE	2 4 City-	ST-ZIP			
T(IT.E		DELETE	3 1 TITLE			L_] Cha	ange L. Addition
NAME			32 NAME				Ì
STREET ADDRESS			3 3 STREET				
CITY-ST-7IP TITLE		DELETE	3.4. CITY - 1 4.1 TITLE	51-ZIP		☐ Cha	ange Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	1	•		
1-TLE		DELETE	5.1 T(TLE		······································	Cha	ange Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY~\$	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		***************************************	Cha	ange Addition
NAME	1		6.2 NAME	1			}

SIGNATURE:

STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Loo 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.

FILED

Feb 06 1997 8:00am

Secretary of State