FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

DOCUMENT # J65389 (5)

1. Corporate Name
DANSANA CORP.

Principal Office Address
7501 NW 4TH ST.
#212D
PLANTATION FL 33317
US

Mailing Address
1750 UNIVERSITY DR
#201
CORAL SPRINGS FL 33071
US

3. Date Incorporated / Qualified: 04/03/1987
3a. Date of Last Report: 04/19/1994

2. Principal Office Address
21
22
23
24 25

2a. Mailing Address
26 10211 WEST Sample Rd
27 SUITE 212
28 Coral Springs FL
29 33065 30 BROWARD

4. FEI Number: 65-0002147 — 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

7. Does the corporation qualify for the exemption under Section 607.0505, Florida Statutes? Yes / No

9. Name and Address of Current Registered Agent
MEISLER, MICHAEL C
1750 UNIVERSITY DR #201
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 of the 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 I hereby agree to comply with the provisions of Chapter 607, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RACHMAN, DANIEL B.
STREET ADDRESS	7501 NW 4 ST #212D
CITY, ST, ZIP	PLANTATION FL
TITLE	DV
NAME	RACHMAN, SANDRA L.
STREET ADDRESS	7501 NW 4 ST #212D
CITY, ST, ZIP	PLANTATION FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report is accurate and complete, and that I am aware that false information submitted to a governmental agency may be punishable by fine or imprisonment or both under the provisions of Section 817.155, Florida Statutes. I further certify that I am authorized to file this report on behalf of the corporation.

SIGNATURE: Daniel B. Rachman 5/1/95 305-583-0485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — TELEPHONE NUMBER
DANIEL B. RACHMAN - PRESIDENT

0113073 CP