

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

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95 MAY -1 PM 2: 35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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-05/09/95--01079--014
****200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 322441 ✓
1. Corporation Name
DABAMA, INC.

Principal Place of Business Mailing Address
**11077 Biscayne Blvd.
Penthouse Suite
Miami, FL 33161** **11077 Biscayne Blvd.
Penthouse Suite
Miami, FL 33161**

3. Date Incorporated or Qualified 3a. Date of Last Report
10/26/67 **8/22/94**

4. FEI Number Applied For / Not Applicable
59-1285622

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. **11077 Biscayne Blvd.** 26. Suite, Apt # etc Suite, Apt # etc

22. **Penthouse Suite** 27. City & State City & State

23. **Miami, FL 33161** 28. Zip Country Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**Richard M. Fernandez, Esq.
11077 Biscayne Blvd.
Penthouse Suite
Miami, FL 33161**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City B5 FL B6 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fernandez, Gwendolyn S.	1.2 NAME	
STREET ADDRESS	12940 NE 4th Avenue	1.3 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33161	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Travis, Burton	2.2 NAME	
STREET ADDRESS	7100 W. 20th Ave.	2.3 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnes, Sheldon H.	3.2 NAME	
STREET ADDRESS	825 Greenwood Manor Cr.	3.3 STREET ADDRESS	
CITY, ST, ZIP	West Melbourne, FL	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yates, Basil M.	4.2 NAME	
STREET ADDRESS	950 Huntinghodge Dr.	4.3 STREET ADDRESS	
CITY, ST, ZIP	Miami Springs, FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 119.07(3)(b), 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.

SIGNATURE: *Gwendolyn S. Fernandez* 4/28/95 305-893-7040
SIGNATURE AND TYPE OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR