

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 322441 (7)

1. Corporation Name
DABAMA, INC.



Principal Place of Business 11077 BISCAYNE BLVD. PENTHOUSE SUITE MIAMI FL 33161	Mailing Address 11077 BISCAYNE BLVD. PENTHOUSE SUITE MIAMI FL 33161-7498
---	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 10/26/1967	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1285622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FERNANDEZ, RICHARD
 11077 BISCAYNE BLVD
 4TH FLOOR
 MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, GWENDOLYN S.	
STREET ADDRESS	12940 NE 4TH AVE.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRAVIS, BURTON	
STREET ADDRESS	7100 W 20TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNES, SHELDON H.	
STREET ADDRESS	825 GREENWOOD MANOR CR.	
CITY-ST-ZIP	WEST MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YATES, BASIL M	
STREET ADDRESS	950 HUNTINGHODGE DR	
CITY-ST-ZIP	MIAMI SPRINGS, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Travis, Deborah	
2.3 STREET ADDRESS	1490 Lenape Drive	
2.4 CITY-ST-ZIP	Miami Springs, FL 33166	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 filing on or on an attachment with an address _____

SIGNATURE _____ DATE **4/25/97**

CRE034 (9/96)