

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

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Apr 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G57198** (5)

1. Corporation Name  
**D. TECHNIK CORPORATION**



Principal Place of Business <b>1100 NORTHWEST 53 STREET BAY #4 FT. LAUDERDALE FL 33309 US</b>	Mailing Address <b>1100 NORTHWEST 53 STREET BAY #4 FT. LAUDERDALE FL 33309-3169 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>08/29/1983</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-2324608</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BOWMAN, DAVID S.  
BARNETT BANK PLAZA, 7TH FLOOR  
ONE EAST BROWARD BLVD.  
FT. LAUDERDALE FL 33301-8806**

10. Name and Address of New Registered Agent  
81 Name  
**Frederic M. Barthe**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**888 S.E. 3rd Avenue**  
83 Suite 400  
84 City  
**Ft. Lauderdale,** FL 85 Zip Code  
**33416**

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 *[Signature]* DATE **03/27/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DESPREAU, ANDRE MICHEL</b>	
STREET ADDRESS	<b>2208 NE 17TH TERRACE</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE, FL 0</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BELNOSTE, MARC</b>	
STREET ADDRESS	<b>611 SE 12TH STREET</b>	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BONA, MANFRED</b>	
STREET ADDRESS	<b>2517 NE 18TH AVE</b>	
CITY - ST - ZIP	<b>WILTON MANORS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BELHOSTE, DIANE</b>	
STREET ADDRESS	<b>611 SE 12 ST</b>	
CITY - ST - ZIP	<b>POMPANO BCH FL</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P.D.T.</b>
2.3 STREET ADDRESS	<b>BELNOSTE</b>
2.4 CITY - ST - ZIP	<b>611 SE 12th street POMPANO BEACH, FL</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>V.P.B.</b>
4.3 STREET ADDRESS	<b>BELHOSTE, DIANE</b>
4.4 CITY - ST - ZIP	<b>611 SE 12 ST POMPANO BEACH, FL</b>
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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Marc Belhoste P.D.T.** DATE: **03.24.1997** DAYTIME PHONE: **(954) 9281714**

CR2E034 (9/96)