

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 11 AM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J81843** (1)

1. Corporation Name

DAIRENE INTERNATIONAL GROUP, CO.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2800 BISCAYNE BLVD.
MIAMI FL 33137
US**

**2800 BISCAYNE BLVD.
SUITE 310
MIAMI FL 33137**

3. Date Incorporated or Qualified
07/06/1987

3a. Date of Last Report
04/11/1994

2. Principal Place of Business

2a. Mailing Address

21. State of Incorporation

26. State of Mailing Address

4. FEI Number

59-2819005

Applied For

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24. Name

25. Capacity

29. Name

30. Capacity

6. This corporation has authority for signature by officer as set forth in Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLSTEIN, EDWIN M.
2800 BISCAYNE BLVD.
SUITE 310
MIAMI FL 33137**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.02 and 607.1403, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 Sections 607.02, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent)

(Signature of New Registered Agent)

AT

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

OFFICER
NAME
STREET ADDRESS
CITY, STATE, ZIP

**PO
GOLSTEIN, EDWIN M
2800 BISCAYNE BLVD., #310
MIAMI FL 33137**

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP

Change Addition

OFFICER
NAME
STREET ADDRESS
CITY, STATE, ZIP

4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP

Change Addition

OFFICER
NAME
STREET ADDRESS
CITY, STATE, ZIP

7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP

Change Addition

OFFICER
NAME
STREET ADDRESS
CITY, STATE, ZIP

10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP

Change Addition

OFFICER
NAME
STREET ADDRESS
CITY, STATE, ZIP

13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP

Change Addition

OFFICER
NAME
STREET ADDRESS
CITY, STATE, ZIP

16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 130.02, Florida Statutes. I further certify that the information included in 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 office appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

(Signature) AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Capital 24 305 576-9588