

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000020471 (6)

1. Corporation Name
D & F INVESTMENTS, INC.



Principal Place of Business: **407 LINCOLN RD. SUITE 10-L MIAMI BEACH FL 33139**
Mailing Address: **4415 MONSERRATE ST. SUITE 10-L CORAL GABLES FL 33146 US**

3. Date Incorporated or Qualified: **03/16/1994**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **65-0478256**
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**DAHAN, SIMON
4415 MONSERRATE
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: D	12.2 NAME: DAHAN, SIMON	13.1 TITLE: <input type="checkbox"/>	13.2 NAME: <input type="checkbox"/>
12.3 STREET ADDRESS: 4415 MONSERRATE	12.4 CITY-STATE-ZIP: CORAL GABLES FL	13.3 STREET ADDRESS: <input type="checkbox"/>	13.4 CITY-STATE-ZIP: <input type="checkbox"/>
12.5 TITLE: D	12.6 NAME: FARIN, JAIME	13.5 TITLE: <input type="checkbox"/>	13.6 NAME: <input type="checkbox"/>
12.7 STREET ADDRESS: 1730 N.E. 198TH TERRACE	12.8 CITY-STATE-ZIP: N. MIAMI BEACH FL 33179	13.7 STREET ADDRESS: <input type="checkbox"/>	13.8 CITY-STATE-ZIP: <input type="checkbox"/>
12.9 TITLE: D	12.10 NAME: FARIN, ANAT	13.9 TITLE: <input type="checkbox"/>	13.10 NAME: <input type="checkbox"/>
12.11 STREET ADDRESS: 1730 N.E. 198TH TERRACE	12.12 CITY-STATE-ZIP: N. MIAMI BEACH FL 33179	13.11 STREET ADDRESS: <input type="checkbox"/>	13.12 CITY-STATE-ZIP: <input type="checkbox"/>
12.13 TITLE: D	12.14 NAME: DAHAN, JEANETE	13.13 TITLE: <input type="checkbox"/>	13.14 NAME: <input type="checkbox"/>
12.15 STREET ADDRESS: 4415 MONSERRATE	12.16 CITY-STATE-ZIP: CORAL GABLES FL 33146	13.15 STREET ADDRESS: <input type="checkbox"/>	13.16 CITY-STATE-ZIP: <input type="checkbox"/>
12.17 TITLE: <input type="checkbox"/>	12.18 NAME: <input type="checkbox"/>	13.17 TITLE: <input type="checkbox"/>	13.18 NAME: <input type="checkbox"/>
12.19 STREET ADDRESS: <input type="checkbox"/>	12.20 CITY-STATE-ZIP: <input type="checkbox"/>	13.19 STREET ADDRESS: <input type="checkbox"/>	13.20 CITY-STATE-ZIP: <input type="checkbox"/>
12.21 TITLE: <input type="checkbox"/>	12.22 NAME: <input type="checkbox"/>	13.21 TITLE: <input type="checkbox"/>	13.22 NAME: <input type="checkbox"/>
12.23 STREET ADDRESS: <input type="checkbox"/>	12.24 CITY-STATE-ZIP: <input type="checkbox"/>	13.23 STREET ADDRESS: <input type="checkbox"/>	13.24 CITY-STATE-ZIP: <input type="checkbox"/>

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)(k), 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 change of office or an attachment with an address.

SIGNATURE: **SIMON DAHAN** 1/30/96 305-665-1845

CR2E034 (12/95)