

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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



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

3. Date Incorporated or Qualified	3a. Date of Last Report
10/26/1967	05/01/1995
4. FEI Number	Applied For
59-1285622	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
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:

Signature (typed or printed name of registered agent and the state of Florida)

(Typed) Registered Agent's signature and name and when registered

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	SD	1.1 TITLE	
NAME	FERNANDEZ, GWENDOLYN S.	1.2 NAME	
STREET ADDRESS	12940 NE 4TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
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	
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	
NAME	YATES, BASIL M	4.2 NAME	
STREET ADDRESS	950 HUNTINGHODGE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 425-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-893-7040

CR2E034 (12/95)