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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 399702

(0)

DOLPHIN TRIMMING INC.

Principal Place of Business

Mailing Address

14520 NW 60TH AVE. BLDG. 7G MIAMI LAKES FL 33014 14520 NW 60TH AVE. BLDG. 7G MIAMI LAKES FL 33014-2809

FILED Mar 06 1997 8:00am Secretary of State



MIAMI LAKES PL 33U14		MIAMI LAKES PL 33074-2009						
					3. Date Incorporated or Qualified 04/21/1972		te of La	st Report
	face of Business	2a. Mailing Address			4. FEI Number			Applied For
21 Contro Acci	# c#s	26			59-1395785			Not Applicable
Suite, Apt 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & Stat	le	City & State			Election Campaign Financing Trust Fund Contribution			00 May Be ded to Fees
Zψ	Country	Zip	Coun	lry	8. This corporation has liability for it	ntangible	tax und	er s. 199.032,
24	25	29	30		Florida Statutes Yes No			
·····	9. Name and Address of Curr	ent Registered Agent		Name	10. Name and Address of New Re	gistered /	Agent	
	EDMAN,ERWIN		ļ.	1 Name				
	O S W 67TH TERR		Ţ	Street Ad	idress (P.O. Box Number is Not Acceptab	le)		
MIA	MI FL 33317		la la	13				
			}					
			Ī	4 City		FL	85	Zip Code
44 5	1.07.07.07	500 and 507 1508. Finish State	utaa tha ab		orporation submits this statement for the p ration's board of directors. I hereby accep		abanai	an ita ragiatarad
SIGNATURE	Signature, by indice printed harme of a given real polynomial	agen and title if applicants (NC .ND DIRECTORS	DIE Registered	Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIBEO	TODE IN 12
TITLE	PD	DELETE	1.1 DIG	-	ADDITIONS/CHANGES TO OFFIC	ENS AND	Cha	
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NAME			5.2 NAN					
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City Stazie				-ST-ZIP				
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14. If 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 filing from a 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 directly of the corporation or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or though 13 if changed, or gip an attachment with an address.

SIGNATURE:

MILLURE AND TYPE OF SHOWING OF SH

15/9>305-636-3633