

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 # **448041** (4)

1. Corporation Name
DEDALO BUILDING, INC.



Principal Place of Business: **2333 PONCE DE LEON BLVD STE 650 CORAL GABLES FL 33134 US**
Mailing Address: **% IGNACIO G DEL VALLE. ESO. 2333 PONCE DE LEON BLVD. STE 650 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **04/10/1974** 3a. Date of Last Report: **05/16/1995**
4. FEI Number: **59-1520087** Applied For: Not Applicable
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
22. State, Apt. #, etc.:
23. City & State:
24. Zip: 25. Country:

9. Name and Address of Current Registered Agent: **DEL VALLE, IGNACIO G. 2333 PONCE DE LEON BLVD SUITE 650 CORAL GABLES FL 33134**
10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. 84. City: 85. Zip Code: **FL**

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	
1. TITLE: VTD	<input type="checkbox"/> DELETE	1.1 TITLE: PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: SAUMELL, MARIA ISABEL		1.2 NAME: Saumell, Maria Isabel	
3. STREET ADDRESS: QUINTA ALBORADO, CALLE AUTOCINE		1.3 STREET ADDRESS: Quinta Alborada, Calle Autocine	
4. CITY-STATE-ZIP: LOS CHAGUARAMOS-CA		1.4 CITY-STATE-ZIP: Los Chaguaramos, Caracas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE: VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME: SAUMELL, ROSALBA DE		2.2 NAME: Saumell, Pedro Agustin	
7. STREET ADDRESS: QUINTA ALBORADA, CALLE AUTOCINE		2.3 STREET ADDRESS: Quinta Alborada, Calle Autocine	
8. CITY-STATE-ZIP: LOS CHAGUARAMOS-CA		2.4 CITY-STATE-ZIP: Los Chaguaramos, Caracas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE: AS	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: DEL VALLE, IGNACIO G		3.2 NAME:	
11. STREET ADDRESS: 2333 PONCE DE LEON BLVD #850		3.3 STREET ADDRESS:	
12. CITY-STATE-ZIP: CORAL GABLES FL		3.4 CITY-STATE-ZIP:	
13. TITLE: VS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: VTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME: SAUMELL, AGUSTIN		4.2 NAME: Agustin, Saumell	
15. STREET ADDRESS: QUINTA ALBORADA, CALLE AUTOCINE		4.3 STREET ADDRESS: Quinta Alborada, Calle Autocine	
16. CITY-STATE-ZIP: LOS CHAGUARAMOS-CA		4.4 CITY-STATE-ZIP: Los Chaguaramos, Caracas	
17. TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:		5.2 NAME:	
19. STREET ADDRESS:		5.3 STREET ADDRESS:	
20. CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:	
21. TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME:		6.2 NAME: Barns, Paul D., Jr.	
23. STREET ADDRESS:		6.3 STREET ADDRESS: 1570 Madruga Avenue, Suite 211	
24. CITY-STATE-ZIP:		6.4 CITY-STATE-ZIP: Coral Gables, FL 33146	

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: *Ignacio G. Del Valle* 1/25/96 305-443-9740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)