

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 521395

(4)

1. Corporation Name
DOREL, INC.

Principal Place of Business
7395 GULF BLVD. - SUITE 1
ST. PETERSBURG BEACH FL 33706-1955

Mailing Address
7395 GULF BLVD. - SUITE 1
ST. PETERSBURG BEACH FL 33706-1955



3. Date Incorporated or Qualified
12/27/1976

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-1719715

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

9. Name and Address of Current Registered Agent

HORAN, MICHAEL J.
7395 GULF BLVD., #1
ST. PETE BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name

SCHWARTZ, LAURA

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

7395 GULF BLVD. #1

83

84 City

ST. PETE BEACH

FL

85 Zip Code

33706

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

Laura Schwartz

(NOTE: Registered Agent signature required when reinstating)

1-17-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHWARTZ, LAURA
STREET ADDRESS 7395 GULF BLVD. #1
CITY-ST-ZIP ST. PETE BEACH FL

TITLE ~~STVP~~
NAME ~~HORAN, MICHAEL J., JR.~~
STREET ADDRESS ~~7395 GULF BLVD. #1~~
CITY-ST-ZIP ~~ST. PETE BEACH FL~~

TITLE ~~VD~~
NAME ~~SCHWARTZ, SAMUEL~~
STREET ADDRESS ~~4800 CW 51ST ST., BLVD. 100~~
CITY-ST-ZIP ~~DAVE FL~~

TITLE VD
NAME SCHWARTZ, MARTIN
STREET ADDRESS 4750 DES GRANDES PRAIRIES
CITY-ST-ZIP MONTEGAL QU

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDST
1.2 NAME SCHWARTZ, LAURA
1.3 STREET ADDRESS 7395 GULF BLVD. #1
1.4 CITY-ST-ZIP ST. PETE BEACH, FL.

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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 REQUIRED

Laura Schwartz 1-17-97 813-47-3551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)