


FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 616201</b>		<b>(0)</b>	
1. Corporation Name <b>DUNBAR ENTERPRISES, INC.</b>			
Principal Place of Business <b>419 COMMERCIAL AVE CLIFFSIDE PARK NJ 07010 US</b>		Mailing Address <b>419 COMMERCIAL AVE CLIFFSIDE PARK NJ 07010-1432</b>	
2. Principal Place of Business <b>21 4200 So Ocean Blvd</b> Suite, Apt. #, etc. <b>22 Apt 303</b> City & State <b>23 So Palm Bch FL</b> Zip <b>24 33480</b> Country <b>25 Palm Bch</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>AKERLUND, KAISA 4200 SOUTH OCEAN BLVD. APT. 303 SO. PALM BCH. FL 33480</b>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, Such change was authorized by the corporate agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		<b>81</b> Name <b>82</b> Street Address <b>83</b> <b>84</b> City	
SIGNATURE <b>KAISA AKERLUND</b> <i>presid Kaisha Ak</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required)</small>			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>12.</b> TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>AKERLUND, KAISA</b> STREET ADDRESS <b>4200 S OCEAN BLVD., #303</b> CITY-ST-ZIP <b>S PALM BCH. FL</b>		<b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <b>KAISA AKERLUND</b> <i>Kaisha Ak</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



CR2E034 (9/96)