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Jan 17 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 # 684018

(5)

1. Corporation Name

DUNE LINE COMPANY.

Principal Place of Business

C/O SIDNEY C. SHAPIRO, C.P.A.  
1412 INDIAN ROAD  
W. PALM BEACH FL 33406

Mailing Address

C/O SIDNEY C. SHAPIRO, C.P.A.  
1412 INDIAN ROAD  
W. PALM BEACH FL 33406-7814

3. Date Incorporated or Qualified  
08/14/1980

3a. Date of Last Report  
08/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIDNEY C SHAPIRO, CPA  
1412 INDIAN ROAD  
W. PALM BEACH FL 33406

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME LONDONO, FERNANDO  
STREET ADDRESS 3000 N OCEAN DR, 33E  
CITY-ST-ZIP SINGER ISLAND, FL 00000

11 TITLE  
Change Addition

TITLE SD  
NAME CAMARGO-LONDONO, MARIA  
STREET ADDRESS 3000 N OCEAN DR, 33E  
CITY-ST-ZIP SINGER ISLAND, FL 00000

21 TITLE  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
Change Addition

62 NAME  
63 STREET ADDRESS  
64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA LONDONO

1/7/97 (561) 585-3600

Date

Daytime Phone #

CR2E034 (9/96)