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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # G19432 (5)

1. Corporation Name
DEB-LI ENTERPRISES, INC.

Principal Place of Business
177 NW 18TH STREET
~~BOX 7556~~
FT. LAUDERDALE FL 33311
US

Mailing Address
P.O. BOX 7556
BOX 7556
HOLLYWOOD FL 33081
US

2. Principal Place of Business
21 177 NW 18th St
Suite, Apt. #, etc.
22
City & State
23 Fort Lauderdale FL
24 Zip 33311 25 Country USA

2a. Mailing Address
26 P.O. Box 1197
Suite, Apt. #, etc.
27
City & State
28 Ft Lauderdale FL
29 Zip 33302-1197 30 Country USA

3. Date Incorporated or Qualified: 01/19/1983
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-2844296 [ ] 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
BLUMKIN, CHARLES
~~5300 ROOSEVELT ST.~~
~~P.O. BOX 7556~~
~~HOLLYWOOD FL 33081~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable) 3210 Emerald Pk Drive #103A
83
84 City Hollywood FL 85 Zip Code 33021

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 Charles S. Blumkin President
Signature of typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required for resignation or change — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	BLUMKIN, CHARLES	
STREET ADDRESS	~~5300 ROOSEVELT ST.~~	
CITY-ST-ZIP	~~HOLLYWOOD FL~~	
TITLE	VP	[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[✓] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	3210 Emerald Pk Dr #103A	
1.4 CITY-ST-ZIP	Hollywood FLA 33021	
2.1 TITLE	~~Michael J. Angelino~~	[ ] Change [✓] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice Presidents	[ ] Change [✓] Addition
3.2 NAME	Michael J. Angelino	
3.3 STREET ADDRESS	3245 SW 15th Court #204	
3.4 CITY-ST-ZIP	Pompano Bch Fl 33069	
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Sec/Treasurer	[ ] Change [✓] Addition
5.2 NAME	Lisa Susan Blumkin	
5.3 STREET ADDRESS	2208 N. 45th Ave	
5.4 CITY-ST-ZIP	Hollywood FLA 33021	
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Charles S. Blumkin Pres. 4/5/96 954 523 0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #

CR2E034 (12/95)