FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J35771** **(1)**

1. Corporation Name
D'CEL, INC.

Principal Place of Business	Mailing Address
4711-B NORTH DIXIE HWY OAKLAND PARK FL 33334	4711-B NORTH DIXIE HWY OAKLAND PARK FL 33334

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/29/1986**
3a. Date of Last Report: **05/20/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2745212** ☐ 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

HARTNESS, CELINA
4711-B NORTH DIXIE HWY
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPT	1.1 TITLE	CPT	☒ Change ☐ Addition
NAME	HARTNESS, CELINA	1.2 NAME	HARTNESS, CELINA	
STREET ADDRESS	5457 N ANDREWS AVE	1.3 STREET ADDRESS	2850 N. OAKLAND FOREST DR. #113	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	OAKLAND PARK, FL. 33309	
TITLE	VSD	2.1 TITLE		☒ Change ☐ Addition
NAME	GONZALEZ, DINORAH	2.2 NAME		
STREET ADDRESS	2633 BAYVIEW DR	2.3 STREET ADDRESS		Remove
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP		
TITLE	VSD	3.1 TITLE	VSD	☐ Change ☒ Addition
NAME	HARTNESS, JOHN B	3.2 NAME	HARTNESS, JOHN B.	
STREET ADDRESS	2850 N. ~~[illegible]~~ OAKLAND FOREST DR #113	3.3 STREET ADDRESS	2850 N. OAKLAND FOREST DR. #113	
CITY-ST-ZIP	OAKLAND PARK FL. 33309	3.4 CITY-ST-ZIP	OAKLAND PARK FL.	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Celina Hartness (Celina Hartness) 4-26-95 1-305-772-8572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0837837 CP