

**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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:15

DOCUMENT # **K76469 (1)**  
1. Corporation Name  
**DEEL SALES, INC.**

Principal Place of Business      Mailing Address  
**4811 LEJEUNE RD.  
CORAL GABLES FL**                      **4811 LEJEUNE RD.  
CORAL GABLES FL**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/30/1989**                                      **04/13/1994**

4. FEI Number      Applied For  
**65-0118811**                                      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

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

**KRAVITZ, HAROLD P  
7600 WEST 20TH AVENUE  
SUITE 223  
HIALEAH FL 33016**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>PRESIDENT, ASSISTANT SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'MALLEY, DAN</b>	1.2 NAME	<b>DAN O'MALLEY</b>
STREET ADDRESS	<b>940 S. FEDERAL HWY.</b>	1.3 STREET ADDRESS	<b>940 S. FEDERAL HWY</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY - ST - ZIP	<b>POMPANO BEACH, FLORIDA</b>
TITLE	<b>ST</b>	2.1 TITLE	<b>SECRETARY, TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMEH, LUTFI</b>	2.2 NAME	<b>JOSE BELLOSTA</b>
STREET ADDRESS	<b>940 S. FEDERAL HWY.</b>	2.3 STREET ADDRESS	<b>940 S. FEDERAL HWY</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY - ST - ZIP	<b>POMPANO FL</b>
TITLE	<b>AS</b>	3.1 TITLE	<b>*****NOTE*****</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, MICHAEL</b>	3.2 NAME	<b>PLEASE DELETE MICHAEL KLEIN</b>
STREET ADDRESS	<b>940 S FEDERAL HIGHWAY</b>	3.3 STREET ADDRESS	<b>FROM YOUR RECORDS</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 or assignee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Dan O'Malley      **DAN O'MALLEY**      2-16-95      (305)444-2222

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Digital Print #