

FILED

**PROFIT
CORPORATION
ANNUAL REPORT
1997**

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

DADE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified 04/12/1989		3a. Date of Last Report 02/22/1996	
4. FEI Number 65-0116267		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21	2500 Hollywood Blvd. Suite, Apt. #, etc. #212	26	Hollywood Blvd. Suite, Apt. #, etc. #212
22	City & State	27	City & State
23	Hollywood, Fl.	28	Hollywood, Fl.
24	Zip 33020	29	Zip 33020
25	Country Broward	30	Country Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	ROSS H. MANELLA ESQ.		
82	Street Address (P.O. Box Number is Not Acceptable)	2500 Hollywood Blvd.		
83		#212		
84	City	Hollywood	FL	85 Zip Code 33020

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)

DA

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	BENOIT, REAL	
STREET ADDRESS	17801 N. BAY RD., #206	
CITY, ST, ZIP	MIAMI BEACH, FL.	

TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ROBIDOUX, CLAUDE	
STREET ADDRESS	17800 N. BAY RD. S-901	
CITY ST ZIP	MAINE BEACH, FL.	

FILE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE

TIME	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY STATE ZIP	
NOTE	<input type="checkbox"/> DELETE

NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	<input type="checkbox"/> DELETE

NAME _____
STREET ADDRESS _____
CITY, STATE _____

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	P/S/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY, ST, ZIP			

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST., ZIP		
5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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. 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: CLAUDE ROBIDOUX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr.

Daytime Phone

CB2F034 (9/95)