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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L41190

(4)

DAMON INDUSTRIES, INC.

DiTY-ST-2IP

appears in Block 12 or Bloc

SIGNATURE:

Principal Place of Business Mailing Address 3400 N. E. 6TH TERRACE 3400 N. E. 6TH TERRACE POMPANO BEACH FL 33064-5218 POMPANO BEACH FL 33064 3, Date Incorporated or Qualified Sa. Date of Last Report 01/09/1990 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0171557 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution 28 Country Ζip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name ARABIAN. ROBERT A., ESQ. 8010 N. UNIVERSITY DR. Street Address (P.O. Box Number is Not Acceptable) 2ND FL. 83 TAMARAC FL 33321 City 84 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 Typest or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. Addition DELETE. 1.1 TITLE Change Title LOPEZ. NESTOR D. NAME 1.2 NAME 4314 N. W. 9TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE LOPEZ, MÓNICA M. NAME 2.2 NAME 4314 N. W. 9TH AVENUE STREET ADORESS 2.3 STREET ADORESS POMPANO BEACH FL 2.4 CITY-ST-ZIP CITY-SI DELETE Change Addition TIFLE 31 TITLE Lopez, Ruuen A. 32 NAME 1040 N. W. 45TH STREET STREET ADDRESS **33 STREET ADDRESS** POMPANO BEACH FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3171.5 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHTY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 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

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on an attachment with an address.

TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 07 1997 8:00am Secretary of State