

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L45497 (9)

1. Corporation Name
DANA UNDIES, INC.



Principal Place of Business 112 W. 84TH STREET ROOM 820 NEW YORK NY 10120 US-	709 MAGNOLIA Hyway 62 EAST BLAKELY GA 31723	Mailing Address 112 W. 84TH STREET ROOM 820 NEW YORK NY 10120 US-	709 MAGNOLIA Hyway 62 EAST BLAKELY GA 31723
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2. Principal Place of Business 21 709 MAGNOLIA Suite, Apt #, etc 22 HYWAY 62 EAST City & State 23 BLAKELY GA 31723 Zip Country 24 31723 25 USA	2a. Mailing Address 26 709 MAGNOLIA Suite, Apt #, etc 27 HYWAY 62 EAST City & State 28 BLAKELY GA Zip Country 29 31723 30 USA
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3. Date Incorporated or Qualified 01/23/1990	3a. Date of Last Report 06/21/1995
4. FEI Number 65-0169456	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**VARON, LOUIS
 2500 E. LAS OLAS BLVD.
 FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
 81 Name: **TED KLINGHOFFER % STEVENS WEAVER MILLER**
 82 Street Address (P.O. Box Number is Not Acceptable)
150 WEST FLAGLER ST
MIAMI FLA
 84 City: **MIAMI** FL 85 Zip Code: **33130**

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: *Ted Klinghoffer* **TED KLINGHOFFER** 6/26/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VARON, LOUIS	
STREET ADDRESS	11391 BOCA WOODS LN	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PRES	<input type="checkbox"/> DELETE
NAME	STEVE VARON	
STREET ADDRESS	709 MAGNOLIA Hyway 62 EAST	
CITY - ST - ZIP	BLAKELY GA 31723	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PRES STEVE VARON
2.3 STREET ADDRESS	709 MAGNOLIA Hyway 62 EAST
2.4 CITY - ST - ZIP	BLAKELY GA 31723
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 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
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louis Varon* x 6/28/96 912.723.4100

CR2E034 (3/96)