

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M34973** (1)

1. Corporation Name
DPH CORPORATION



Principal Place of Business C/O DOMINGO PANDO 17240 N.W. 74 PATH MIAMI FL 33015 US	Mailing Address C/O DOMINGO PANDO P O BOX 173067 HIALEAH FL 33017-3067 US
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3. Date Incorporated or Qualified 07/10/1986	3a. Date of Last Report 03/22/1996
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2. Principal Place of Business 21 15165 N.W. 77th Ave Suite, Apt. #, etc. 22 Suite 1002 City & State 23 Miami, Fl. Zip 24 33014 Country 25 USA	2a. Mailing Address 26 15165 N.W. 77th Ave. Suite, Apt. #, etc. 27 Suite 1002 City & State 28 Miami, Fl. Zip 29 33014 Country 30 USA
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4. FEI Number 59-2692530	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 MIMI CORPORATE SYSTEMS 5200 BLUE LAGOON DR, STE 700 MIAMI FL 33126	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
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	<input type="checkbox"/> DELETE	11 TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PANDO, DOMINGO		12 NAME PANDO, DOMINGO	
STREET ADDRESS 17240 N.W. 74 PATH		13 STREET ADDRESS 15165 N.W. 77th Ave. Suite 1002	
CITY-ST-ZIP MIAMI FL		14 CITY-ST-ZIP MIAMI, FL. 33014	
TITLE VP	<input type="checkbox"/> DELETE	21 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PANDO, EMILIO		22 NAME EMILIO PANDO	
STREET ADDRESS 17240 N.W. 74 PATH		23 STREET ADDRESS 15165 N.W. 77th Ave., Suite 1002	
CITY-ST-ZIP MIAMI FL		24 CITY-ST-ZIP MIAMI, FL. 33014	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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; 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: *[Signature]* **DOMINGO PANDO** 04/11/97 (301) 362-2900
Daytime Phone #

CR2E034 (9/96)