

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. Murrain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M88973** (6)

1. Corporation Name
DYAL CORP.

Principal Place of Business
**4409 ALTON RD.
MIAMI BEACH FL 33140**

Mailing Address
**4409 ALTON RD.
MIAMI BEACH FL 33140**



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3. Date Incorporated or Qualified 07/12/1988	3a. Date of Last Report 04/10/1995
4. FEIN Number 65-1096199	Applied For Not Applicable
5. Certificate of State Default <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 alternative tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DONAEVSKY, DOV
4409 ALTON RD.
MIAMI BEACH FL 33140**

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 199.031 and 199.032, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered office to register its agent or both in the State of Florida with complete jurisdiction, that its principal place of business, thereby, accept the appointment as registered agent. I am familiar with and I accept the obligations of Sections 199.031 and Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
TITLE	VSD <input type="checkbox"/> DELETE
NAME	DONAEVSKY, DOV
STREET ADDRESS	4409 ALTON RD.
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	RESNICK, ABE
STREET ADDRESS	1228 ALTON RD.
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	ASD <input type="checkbox"/> DELETE
NAME	RESNICK, LIONEL
STREET ADDRESS	1228 ALTON RD.
CITY, ST, ZIP	MIAMI BEACH FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	RESNICK, JAMES
STREET ADDRESS	1228 ALTON RD
CITY, ST, ZIP	MIAMI BEACH FL
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information on this Certificate of Incorporation is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. This Certificate of Incorporation is subject to the provisions of Sections 199.031 and 199.032, Florida Statutes, and that my name appears in Block 12 or 13 of this Certificate of Incorporation as required by law.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)