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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000000959 (6)

1. Corporation Name
DAYTONA AMERICANO MANAGEMENT, INC.



Principal Place of Business: 1260 NORTH ATLANTIC AVE. DAYTONA BEACH FL 32118

Mailing Address: C/O 2665 SOUTH BAYSHORE DR. SUITE 603 MIAMI FL 33133 US

3. Date Incorporated or Qualified: 10/30/1992

3a. Date of Last Report: 01/25/1996

4. FEI Number: 59-3149907

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: MADORSKY, MARSHA G., ESQ. 2665 S. BAYSHORE DR., SUITE 603 MIAMI FL 33133

10. Name and Address of New Registered Agent (81-85) fields.

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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CORRIGAN, JAMES	1.2 NAME	
STREET ADDRESS	5665 ISLAND PARK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MANOTICK ONTARIO CA	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	MADORSKY, MAX	2.2 NAME	
STREET ADDRESS	1260 N. ATLANTIC AVE.	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	MADORSKY	3.2 NAME	
STREET ADDRESS	1260 N. ATLANTIC AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	MADORSKY	4.2 NAME	
STREET ADDRESS	2665 S. BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	MCELLIGOT	5.2 NAME	
STREET ADDRESS	1260 N. ATLANTIC AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GOLDBERG, SANDRA	6.2 NAME	
STREET ADDRESS	2000 SOUTH BAYSHORE DRIVE, SUITE 1	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133	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 appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: _____ (305)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)