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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P93000017621 (2)**

1. Corporation Name

**DALFEN ENTERPRISES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
DALFEN'S LIMITED ATTN MARIE ANDREE CLAUDE 8479 DEVONSHIRE PLACE MONTREAL QUEBEC CANADA H4P -1S5	DALFEN'S LIMITED ATTN MARIE ANDREE CLAUDE 8479 DEVONSHIRE PLACE MONTREAL QUEBEC CANADA H4P -1S5

3. Date Incorporated or Qualified <b>03/09/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0422808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.  
2 SOUTH BISCAYNE BLVD.  
SUITE 3400 - ONE BISCAYNE TOWER  
MIAMI FL 33131-1897**

10. Name and Address of New Registered Agent

81 Name <b>Thomas C. Cobb</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>Scharlin, Lanzetta, Cohen, Cobb &amp; Ebin</b>
83 <b>1399 S.W. 1st Avenue, 4th Floor</b>
84 City <b>Miami</b>
85 State <b>FL</b>
86 Zip Code <b>33130</b>

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: *Thomas C. Cobb* DATE: **3/4/95**

(NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PTSD</b>
NAME	<b>DALFEN, MURRAY</b>
STREET ADDRESS	<b>8479 PLACE DEVONSHIRE</b>
CITY - ST - ZIP	<b>VILLE MONT-ROYAL, CANADA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 110.07(3)(b), 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: *Murray Dalfen* DATE: **Feb 10, 1995** 514-344-5010

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)