

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000018726 (8)

1. Corporation Name

DAD'S MBE, INC.



Principal Place of Business

13800 SW 8TH ST.
MIAMI FL 33184
US

Mailing Address

940 SW 96TH AVE
PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified
03/11/1993

3a. Date of Last Report
06/02/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0409737

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEINBERG, JEFFREY
4851 SHERIDAN ST
SUITE 300
HOLLYWOOD FL 33021

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ROONEY, GERALD A
940 SW 96TH AVE
PEMBROKE PINES FL 33025

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE
2. 1 NAME
3. 1 STREET ADDRESS
4. 1 CITY-ST-ZIP

Change Addition

2. 1 TITLE
3. 1 NAME
4. 1 STREET ADDRESS
5. 1 CITY-ST-ZIP

Change Addition

3. 1 TITLE
4. 1 NAME
5. 1 STREET ADDRESS
6. 1 CITY-ST-ZIP

Change Addition

4. 1 TITLE
5. 1 NAME
6. 1 STREET ADDRESS
7. 1 CITY-ST-ZIP

Change Addition

5. 1 TITLE
6. 1 NAME
7. 1 STREET ADDRESS
8. 1 CITY-ST-ZIP

Change Addition

6. 1 TITLE
7. 1 NAME
8. 1 STREET ADDRESS
9. 1 CITY-ST-ZIP

Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald A. Rooney
GERALD A. ROONEY

DATE

4/29/96

305-223-2547

CR2E034 (12/95)