

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90019 040 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000032991

1. Corporation Name
DEFROLBE, INC.

Principal Place of Business
 2090 PALM BEACH LAKES BLVD.
 SUITE 800
 WEST PALM BEACH FL 33409

Mailing Address
 2090 PALM BEACH LAKES BLVD.
 SUITE 800
 WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/05/1993

4. FEI Number
65-0413130

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
COLDWELL BANKER COMMERCIAL/BRENNER REAL ESTATE GROUP
 3195 N. Powerline Road, Suite 104
 Pompano Beach, Florida 33069

2a. Mailing Address
COLDWELL BANKER COMMERCIAL/BRENNER REAL ESTATE GROUP
 3195 N. Powerline Road, Suite 104
 Pompano Beach, Florida 33069

23. Zip Country
 24. Zip Country

9. Name and Address of Current Registered Agent
CHILLINGWORTH, CHARLES C ESQUIRE
 2090 PALM BEACH LAKES BLVD.
 SUITE 800
 WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
Yo Verdeja & Gravier
 150 Alhambra Circle #800
 Coral Gables, FL 33134
Leonardo Gravier
 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: *Leonardo Gravier* DATE: **4-26-99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHILLINGWORTH, CHARLES C	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD., STE. 800	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FEKETE, HELEN K	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD., STE. 800	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Micha	
1.3 STREET ADDRESS	520 BRICKELL KEY DRIVE #305	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MOISES MICHA	
2.3 STREET ADDRESS	520 BRICKELL KEY DRIVE #305	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALBERTO MICHA	
3.3 STREET ADDRESS	520 BRICKELL KEY DRIVE #305	
3.4 CITY-ST-ZIP	MIAMI, FL	
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 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, with all other like empowered.

SIGNATURE: *Leonardo Gravier* DATE: _____ Daytime Phone # _____

CR2E034 (1/198)