

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarata B. Merham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:52

DOCUMENT # **P93000035465 (2)**

1. Corporation Name
DALAL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3881 VICTORIA DRIVE W. PALM BEACH FL 33406**
Mailing Address: **3881 VICTORIA DRIVE W. PALM BEACH FL 33406**

3. Date Incorporated or Qualified: **05/13/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21 1799 S.W. 6th PL**
2a. Mailing Address: **26 1799 S.W. 6th PL**
22. Suite, Apt #, etc.
23. City & State: **BOCA RATON, FL**
24. Zip: **33486** 25. Country: **USA**
27. City & State: **BOCA RATON, FL**
28. Zip: **33486** 29. Country: **U.S.A.**

4. FEI Number: **65-0412455**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
DAAS, JAFAR
3881 VICTORIA DRIVE
W. PALM BEACH FL 33406

10. Name and Address of Now Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **1799 S.W. 6th PL**
83
84 City: **BOCA RATON** FL 85 Zip Code: **33486**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DAAS, JAFAR
STREET ADDRESS	3881 VICTORIA DRIVE
CITY, ST, ZIP	W. PALM BEACH FL 33406
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1799 S.W. 6th PL.
1.4 CITY, ST, ZIP	BOCA RATON, FL 33486
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 Sections 119.07(3)(b), Florida Statutes. I further certify that the information included 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 (change) or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3/12/95 407-338-3057