FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:46

DOCUMENT # P93000039583 (8)

1. Corporation Name
D 21 CORPORATION

Principal Place of Business
3200 S. ANDREWS AVE.
BAY # 108
FORT LAUDERDALE FL 33316

Mailing Address
3200 S. ANDREWS AVE.
BAY # 108
FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1993
3a. Date of Last Report: 08/25/1994
4. FEI Number: 65-0509749 — 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

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

9. Name and Address of Current Registered Agent
MCCARTHY, DAN JR
1030 SW 95TH TERRACE
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MCCARTHY, DAN JR
STREET ADDRESS	1030 SW 95TH TERRACE
CITY ST ZIP	PEMBROKE PINES FL 33025
TITLE	D
NAME	POURPAKI, MEHDI
STREET ADDRESS	690 N.E. 133RD ST. #12
CITY ST ZIP	NORTH MIAMI BEACH FL 33161
TITLE	D
NAME	~~PAROKHNIA, MOHAMDRECA~~
STREET ADDRESS	6320 POLK ST.
CITY ST ZIP	HOLLYWOOD FL 33029
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

1 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Change [ ] Addition
2 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Change [ ] Addition
3 TITLE / NAME / STREET ADDRESS / CITY ST ZIP	FAROKHNIA, MOHAMMDREZA	[ ] Change [ ] Addition
4 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Change [ ] Addition
5 TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] Change [ ] Addition
6 TITLE / NAME / STREET ADDRESS / 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)(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.

SIGNATURE: [signature] 1-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0026106 CP