

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
 Jul 01 1996 8:00 am
 Secretary of State

DOCUMENT # **P93000058356 (5)**

1. Corporation Name
DUNAN INTERNATIONAL, CORP.



Principal Place of Business Mailing Address
1001 SE 11 ST HIALEAH FL 33010

3. Date Incorporated or Qualified **08/16/1993** 3a. Date of Last Report **09/11/1995**
 4. FEI Number **65-0435444** 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 2a. Mailing Address
 21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
CASTANEDO, JUANNY
9290 SW 34TH STREET
MIAMI FL 33165

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, JESUS R	
STREET ADDRESS	4241 SW 149 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, ILEANA	
STREET ADDRESS	1001 S.E. 11TH STREET	
CITY - ST - ZIP	HIALEAH FL 33010	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	FITZGERALD, IVONNE	
STREET ADDRESS	1001 S.E. 11TH ST.	
CITY - ST - ZIP	HIALEAH FL 33010	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GUTIERREZ, MARIA I	
STREET ADDRESS	1001 S.E. 11TH STREET	
CITY - ST - ZIP	HIALEAH FL 33010	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GUTIERREZ, JESUS R.	
1.3 STREET ADDRESS	4241 SW 149 CT	
1.4 CITY - ST - ZIP	MIAMI, FL 33125	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUTIERREZ, ILEANA	
2.3 STREET ADDRESS	1001 S.E. 11TH ST.	
2.4 CITY - ST - ZIP	HIALEAH, FL 33010	
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SANCHEZ, CARMEN	
3.3 STREET ADDRESS	1001 S.E. 11 ST	
3.4 CITY - ST - ZIP	HIALEAH, FL 33010	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BURKE, JOSEPH T.	
4.3 STREET ADDRESS	1001 S.E. 11 ST.	
4.4 CITY - ST - ZIP	HIALEAH, FL 33010	
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Ileana Gutierrez ILEANA GUTIERREZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT
 Date: 6/24/96
 (optional) 888-644-3

CR2E034 (3/96)