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May 08 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P93000064997 (8)

1. Corporation Name
DEEN AMERICA, INC.



Principal Place of Business
1515-1 NW 167TH ST.
SUITE 110-S
MIAMI FL 33169
US

Mailing Address
P O BOX 173582
MIAMI FL 33017-3582
US

3. Date Incorporated or Qualified 09/17/1993	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0442081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1515 N. W. 167TH ST. Suite, Apt. #, etc. 22 SUITE 210 City & State 23 MIAMI, FL. Zip 24 33169	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 US	Country 25 US	Country 30
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9. Name and Address of Current Registered Agent
ADEBISI, SURAJ M
5881 N.W. 192ND ST.
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	DPS	<input type="checkbox"/> DELETE
NAME	ADEBISI, SURAJ M	
STREET ADDRESS	5881 N.E. 192ND ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	AZEEZ, RISIKAT A	
STREET ADDRESS	5881 N.E. 192ND ST.	
CITY - ST - ZIP	MIAMI FL	
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	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AZEEZ, RISIKAT A.	
1.3 STREET ADDRESS	5881 N.W. 192ND ST.	
1.4 CITY - ST - ZIP	MIAMI, FL. 33015	
2.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADEBISI, SURAJ M.	
2.3 STREET ADDRESS	5881 N.W. 192ND ST.	
2.4 CITY - ST - ZIP	MIAMI, FL. 33015	
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 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: *Suraj M. Adebisi* SURAJ M. ADEBISI 04-25-97 (305) 626-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)