

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90020 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT
 1998 1999
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P93000064997 (8) ✓

1. Corporation Name
 DEEN AMERICA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1515 N.W. 167TH ST.
 210
 MIAMI FL 33169
 US

Mailing Address
 P O BOX 173582
 MIAMI FL 33017
 US

3. Date Incorporated or Qualified
 09/17/1993

4. FEI Number
 65-0442081

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

21
 Suite, Apt. #, etc.

22
 City & State

23
 Zip Country

24
 25
 26
 27
 28
 29
 30

2a. Mailing Address
 1515 N.W. 167TH ST.
 Suite, Apt. #, etc.
 SUITE 210
 City & State
 MIAMI, FL.
 Zip Country
 33169 US

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
 AZEEZ, RISIKAT A.

82 Street Address (P.O. Box Number is Not Acceptable)
 5881 N.W. 192ND ST.

83

84 City
 MIAMI

85 FL 33015

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 the 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 of _____ as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Raj M. Adebisi* RISIKAT A. AZEEZ 4/28/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	AZEEZ, RISIKAT A.	
STREET ADDRESS	5881 N.W. 192ND ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	ADEBISI, SURAJ M.	
STREET ADDRESS	5881 N.W. 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5881 N.W. 192ND ST.
1.4 CITY-ST-ZIP	MIAMI, FL. 33015
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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 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. If 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S. M. Adebisi* SURAJ M. ADEBISI 04/28/99 (305) 626-8400

CR2E034 110/97