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Mailing Address

144 SEMINOLE AVE PALM BEACH FL 33480-3733

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 20 1997 8:00am

Secretary of State

DOCUMENT # P93000078245 (6)

DENOLA CORPORATION

Principal Place of Business

144 SEMINOLE AVE

PALM BEACH FL 33480

3. Date Incorporated or Qualified 3a. Date of Last Report 11/12/1993 06/14/1996 2. Principa Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0475047 Not Applicable Suitc, Apt # etc Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAROL MARTINO 144 SEMINOLE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) -CUITE 1400-83 PALM BEACH FL 84 City 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 Horida. Such change was authorized by the corporation's board of directors. Fhereby accept the appointment as registered agent. Tam familian with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE SIGNATURE (NOTE: Rogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition 1111111 16.1 FRANCISCO LUIS SINABALDI NAME 1.2 NAME 1 RA COLLE C28 ZONA 1 STREET ACTURES? 1.3 STREET ADDRESS **GUATAMALA** CPY SE 7P 1.4 CITY - \$1 - 2IP DELETE Change Addition Hill 2 1 TITLE MARTINO, CAROL NAME 2.2 NAME 144 SEMINOLE AVE SHEET About 9 2 3 STREET ADDRESS <u>Palm Beach Fl</u> 2 4 CITY - ST - ZIP DELETE ___ Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ALCOHOUS Calv. S.L. 7.2 34 CITY-S1-ZIP DELETE Change Addition III.t 4.1 HILE NAME 4.2 NAME

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 office or 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.

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - \$1 - 7)P

5.1 TITLE

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

OHY-SE-78 Title

OTY \$1.70°

Tillet

NAME

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

nanciaco Scribaldi 2/25/97

Change

Change

Addition

___ Addition