

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

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FILED

**May 20 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000076328 (1)
 1. Corporation Name
DBE MARKETING INC.



Principal Place of Business 19655 EAST COUNTRY CLUB DRIVE APT. 304 C/O MR. STEPHEN ENGEL AVENTURA FL 33180-4804	Mailing Address 19655 EAST COUNTRY CLUB DRIVE APT. 304 C/O MR. STEPHEN ENGEL AVENTURA FL 33180-4804
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 10/14/1994	3a. Date of Last Report 10/14/1996
4. FEI Number 65-0530919	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ENGEL, STEPHEN
19655 EAST COUNTRY CLUB DRIVE APT. 304
AVENTURA FL 33180-4804**

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTS <input type="checkbox"/> DELETE
NAME	ENGEL, STEPHEN
STREET ADDRESS	14655 E. COUNTRY CLUB DRIVE, APT. 304
CITY-ST-ZIP	AVENTURA FL 33182
TITLE	D <input type="checkbox"/> DELETE
NAME	ENGEL, DAVID
STREET ADDRESS	101 BIDEFORD
CITY-ST-ZIP	NORTH YORK, ONTARIO CANADA M3H1K-5
TITLE	D <input type="checkbox"/> DELETE
NAME	ENGEL, ANNA
STREET ADDRESS	4555 BONAVISTA AVE #803
CITY-ST-ZIP	MONTRAL, QUEBEC CANADA H3W2C-7
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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 checked="" 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

Handwritten signature and date: 5/24/97

**100002200761
-06/04/97--01003--005
***230.00**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(4), 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 registered agent 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 _____

Handwritten: 000 29/97 305 021-0133

CR2E034 (9/96)