

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 OCT 23 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000003022 (7)

1. Corporation Name  
DAPHLEN CO.

Principal Place of Business  
4110 EL PRADO BLVD  
COCONUT GROVE FL 33133  
US

Mailing Address  
4110 EL PRADO BLVD  
COCONUT GROVE FL 33133  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/09/1995	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0560094	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1172 S. DIXIE HWY Suite, Apt. #, etc. 22 Suite 428 City & State 23 CORAL GABLES FL Zip 24 33146	2a. Mailing Address 26 1172 S. DIXIE HWY Suite, Apt. #, etc. 27 Suite 428 City & State 28 CORAL GABLES, FL Zip 29 33146	Country 25 Dade 30 Dade
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9. Name and Address of Current Registered Agent

STINSON, LOUIS JR  
4675 PONCE DE LEON BLVD.  
SUITE 905  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name DAPHNE PARKER	85 Zip Code 33146
82 Street Address (P.O. Box Number is Not Acceptable) 1172 S. DIXIE HWY	
83 SUITE 428	
84 City CORAL GABLES	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 *Daphne Parker* DAPHNE PARKER, OWNER  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D	DELETE <input checked="" type="checkbox"/>
NAME STINSON, LOUIS J RR	
STREET ADDRESS 4675 PONCE DE LEON BLVD., #305	
CITY-ST-ZIP CORAL GABLES FL 33146	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME DAPHNE PARKER	
1.3 STREET ADDRESS 1172 S. DIXIE HWY, Suite 428	
1.4 CITY-ST-ZIP CORAL GABLES, FL 33146-3918	
2.1 TITLE V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME GAILAN DAVID	
2.3 STREET ADDRESS 1172 S. DIXIE HWY	
2.4 CITY-ST-ZIP CORAL GABLES, FL 33146	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS 000002330680-6	
3.4 CITY-ST-ZIP -10/27/97-01144-009	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT

5L  
10-24-97

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.

CR2E034 (4/97)