

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000006783 (1)

1. Corporation Name
DANIELLE ENTERPRISES, INC.



Principal Place of Business 1340 N FEDERAL HIGHWAY POMPAN0 BEACH FL 33062	Mailing Address 1340 N FEDERAL HIGHWAY POMPAN0 BEACH FL 33062
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1340 N FEDERAL HIGHWAY 22 2132 23 FT LAUD FL 24 33068 Country		2a. Mailing Address 26 1340 N FEDERAL HIGHWAY 27 2132 28 FT LAUD FL 29 33068 Country		3. Date Incorporated or Qualified 01/25/1995	
21 1340 N FEDERAL HIGHWAY		26 1340 N FEDERAL HIGHWAY		4. FEI Number 65-0545795	
22 2132		27 2132		Applied For Not Applicable	
23 FT LAUD FL		28 FT LAUD FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33068 Country		29 33068 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COSTA, VINCENZA 10120 SW 37TH ST MIAMI FL 33165		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	
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11. Pursuant to the provisions of Sections 607.068 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 understand the duties of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of person or printed name of registered agent and title of appointing officer) (N/A) Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDELLO, CHIARA	1.2 NAME	
STREET ADDRESS	10120 SW 37TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, FRANCA	2.2 NAME	
STREET ADDRESS	388 LEWISTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY 10314	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, VINCENZA	3.2 NAME	
STREET ADDRESS	10120 SW 37TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; that I am an officer or director of the corporation or the recorder 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: _____

CR2E034 (10/97)