

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000013436 (7)

1. Corporation Name

DANGEL, INC.



Principal Place of Business

C/O STEFAN A. DREXL  
800 WEST AVENUE SUITE 412  
MIAMI BEACH FL 33139

Mailing Address

C/O STEFAN A. DREXL  
800 WEST AVENUE SUITE 412  
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6767 Collins Ave

26 6767 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PH 2103

27 PH 2103

City & State

City & State

23 MIAMI Bch. FL.

28 MIAMI Bch.

Zip

Country

Zip

Country

24 33141

25 USA

29 33141

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREXL, STEFAN A  
800 WEST AVENUE  
SUITE 412  
MIAMI BEACH FL 33139

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 of person or persons authorized to sign this report is required.)

(Print or Type Name of person or persons authorized to sign this report.)

Stefan Drexel, President

1-24-96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D  
DREXL, STEFAN A  
800 WEST AVENUE SUITE 412  
MIAMI BEACH FL 33139

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME

1.2 NAME 13 STREET ADDRESS

1.3 STREET ADDRESS 14 CITY-ST-ZIP

1.4 CITY-ST-ZIP 2.1 TITLE

2.1 TITLE 2.2 NAME

2.2 NAME 2.3 STREET ADDRESS

2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

2.4 CITY-ST-ZIP 3.1 TITLE

3.1 TITLE 3.2 NAME

3.2 NAME 3.3 STREET ADDRESS

3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP 4.1 TITLE

4.1 TITLE 4.2 NAME

4.2 NAME 4.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP 5.1 TITLE

5.1 TITLE 5.2 NAME

5.2 NAME 5.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP 6.1 TITLE

6.1 TITLE 6.2 NAME

6.2 NAME 6.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stefan Drexel, President 1-24-96

305-864-5249

CR2E034 (12/95)