FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000016550 (2)**

1. Corporation Name

DREHER INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
12265 SOUTH DIXIE HWY. SUITE 945 MIAMI FL 33156	12265 SOUTH DIXIE HWY. SUITE 945 MIAMI FL 33156

3. Date Incorporated or Qualified: **02/28/1995**
3a. Date of Last Report:
4. FEI Number: 65-0560788 (Applied For / Not Applicable)
5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business
21
22 State, Apt. #, etc.
23 City, & State
24 Zip
25 Country

2a. Mailing Address
26
27 State, Apt. #, etc.
28 City, & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

SHAPIRO & WOLOFSKY, P.A.
1 N.E. 2ND AVE.
SUITE 206
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name: JOEL M. GAULKIN
82 Street Address (P.O. Box Number is Not Acceptable): 4627 PONCE de LEON BLVD
83 2nd FLOOR
84 City: CORAL GABLES FL 85 Zip Code: 33146

11. Pursuant to the provisions of Section 607.0502, 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. The above-named entity has been duly incorporated under the laws of the State of Florida. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: J M Gaulkin DATE: 6-5-96

12. OFFICER/DIRECTOR CHANGES

TITLE	DPST	[ ] DELETE
NAME	DREHER, CHARLES	
STREET ADDRESS	19800 S.W. 87TH PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1a NAME		
1b STREET ADDRESS		
1c CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2a NAME		
2b STREET ADDRESS		
2c CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3a NAME		
3b STREET ADDRESS		
3c CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4a NAME		
4b STREET ADDRESS		
4c CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5a NAME		
5b STREET ADDRESS		
5c CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6a NAME		
6b STREET ADDRESS		
6c 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)(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 with my name, or on an attachment with an address.

SIGNATURE: X Charles R Dreher DATE: 6-5-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)