

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000058783 (8)
 1. Corporation Name

C.D.H. INTERNATIONAL, INC.



Principal Place of Business	Mailing Address
2329 UNIVERSITY DRIVE SUITE 110 CORAL SPRINGS FL 33065	2329 UNIVERSITY DRIVE SUITE 110 CORAL SPRINGS FL 33065

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/28/1995	
22 City & State	27 City & State	4. FEI Number	Applied For / Not Applicable
23 Zip	28 Zip	65-0612257	
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HADEED, CHARMINE 9980 N.W. 23RD STREET CORAL SPRINGS FL 33065		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<input type="checkbox"/> DELETE	PRESIDENT	CHARMAINE HADEED
STREET ADDRESS		1.3 STREET ADDRESS	9980 NW 23 ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
	<input type="checkbox"/> DELETE	2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
STREET ADDRESS		3.1 TITLE	
CITY-ST-ZIP		3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	
	<input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	
CITY-ST-ZIP		6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
STREET ADDRESS		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. Ina: I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charmaine Hadeed*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CHARMAINE HADEED

6/11/96

954-752-0173

CR2E034 (3/96)