SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION ANNUAL REPORT 1996 TORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # P9500065242 (6) DAVEL INVESTMENT ADVISORS INC.					
rincipal Place o	of Business	Mailing Address			0111 10111 01101 81110 11011 01010 1101 1661
4990 HAMMOCH		4990 HAMMOCK LAKE E Miami FL 33156	RIVE		
MIAMI FL 33156	6			3. Date Incorporated or Qualified 08/23/1995	3a. Date of Last Report
Principal Plac	ce of Business	2a, Mailing Address 26	- 	4. FEI Number 65 - 06 044	/ 1 Applied For Not Applicable
Suite, Apt #.	etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country 30	This corporation has liability for Florida Statutes	Yes No
	9. Name and Address of Cu			10. Name and Address of New R	egistered Agent
	LAW FIRM OF LAWRENCE	E J SPIEGEL CHRTD	81 Name	DO Do N. Standard Not Assessed	h'al
343	ALMERIA AVENUE		82 Street Add	lress (P.O. Box Number is Not Accepta	
COF	RAL GABLES FL 33134		83		
			84 City		FL 85 Zip Code
GNATURE E	Signature (perdon personal come of rejetion OFFICER) PTD WU, YUSUE	S AND DIRECTORS DELETE	13. 11 THEF 12 NAME	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12 Change Add
TREET ADDRESS	% 4990 HAMMOCK LAK	e drive	1.3 STREET ADDRESS 1.1.4 CHY - ST - ZIP		
TY-ST-ZIP TLE	MIAMI FL 33156 SVD	DELETE	2176.6		Change Addit
ME	ALVAREZ, RAFAEL	- DDIA	2.2 NAME		
REET ADDRESS	% 4990 HAMMOCK LAK MIAMI FL 33156	E DRIVE	2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
Y-ST-ZIP LE	MILTON FL 00 100	DELETE	3 1 TIFLE		Change Add
ME			3.2 NAME 3.3 STREET ADDRESS		
REET ADORESS			3.4. CITY - ST - ZIP		1
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AME			5.2 NAME		
REET ADDRESS			5.3 STREET ADDRESS 5.4 CITY - ST- ZIE		
ITY - ST - ZIP ITLE		DELETE	61 JITLE		Change Add
LAME		1	6.2 NAME		
STREET ADDRESS		·	6 3 STARET ADDRESS 6 4 CITY - ST - ZIP		<u></u>
CITY-ST-ZIP 14 Ldo here	by certify that the information s	diplied with this filing is voluntary		ualify for the exemption stated in Secti ie and accurate and that my signature	on 119 07(3)(k), Flonda Stateles T shall have the same legal effect as
further ce	erfify that the information indicated and that I am an officer or	ted on this annual report or supply director of the corporation or the	emental annual report is the acciver or trustee empowe accivities anddress	unlify for the exemption stated in Sections and accurate and that my signature ered to execute this report as required	by Chapter 617, Florida Statulos a
that my r	name appears in Biock 12 or By	ock 13 if chantied or ok an vittachi	nent with an address	7/10/1	6 762558
SIGNAT	TURE:	YPED ON PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	7 Date / 1	Usty me Phone I
	SIGNATURE AND T	ABED ON BHINLED NAME OF PIONING OFFI	DEN ON DIMEDION		