

**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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067478 (4)

1. Corporation Name

D & R PRESTIGE ENTERPRISES, INC.



Principal Place of Business: 300 WEST SUNRISE BLVD., SUITE G FT. LAUDERDALE FL 33301
Mailing Address: 300 WEST SUNRISE BLVD., SUITE G FT. LAUDERDALE FL 33301

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. City & State
23. City & State
24. Zip Country (25-28)
29. Zip Country (30)

3. Date Incorporated or Qualified: 08/30/1995
3a. Date of Last Report
4. FEI Number (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 (Yes No)

9. Name and Address of Current Registered Agent
MITIALE, ANNE D
300 WEST SUNRISE BLVD., SUITE G
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
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 required for principal place of business, mailing address and the appointee) (Not a Registered Agent Signature required when filing change) (Not)

12. OFFICERS AND DIRECTORS
11. TITLE [] DELETE
NAME PD
STREET ADDRESS MITIALE, ANNE D
CITY-ST-ZIP 300 WEST SUNRISE BLVD., SUITE G FT. LAUDERDALE FL 33301
12. TITLE [] DELETE
NAME DST
STREET ADDRESS AGENOR, GENESILUS
CITY-ST-ZIP 300 WEST SUNRISE BLVD., SUITE G FT. LAUDERDALE FL 33301
13. TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
14. TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
15. TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE [] Change [] Addition
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
21. TITLE [] Change [] Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
31. TITLE [] Change [] Addition
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP
41. TITLE [] Change [] Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
51. TITLE [] Change [] Addition
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP
61. TITLE [] Change [] Addition
62. NAME
63. STREET ADDRESS
64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Anne Mitiale*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)