


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000091645 (8)

1. Corporation Name
DELI VIEW II, INC.



Principal Place of Business 25 N.W. 9 STREET- MIAMI FL 33136 US	Mailing Address 25 N.W. 9 STREET- MIAMI FL 33136 US
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2. Principal Place of Business 21 16275 Biscayne Blvd.		2a. Mailing Address 26 16275 Biscayne Blvd.		3. Date Incorporated or Qualified 11/28/1995	3a. Date of Last Report 07/11/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0660082	Applied For Not Applicable
22 City & State 23 North Miami, FL		27 City & State 28 North Miami, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33160-4300		29 Zip 33160-4300		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALI, HAMDI 25 NW 9 ST- 848 BRICKELL AVENUE MIAMI FL 33136				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	915 N.W. 1ST Ave # 1220
				83	
				84 City	Miami
				85 FL	Zip Code 33136

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALI, HAMDI			1.2 NAME			
STREET ADDRESS	25 N.W. 9 STREET			1.3 STREET ADDRESS	915 N.W. 1ST Ave. # 1220		
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP	Miami, FL 33136		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAGHARI, HUSSAM			2.2 NAME			
STREET ADDRESS	25 N.W. 9 STREET			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	SHEHADEH, Osama		
STREET ADDRESS				3.3 STREET ADDRESS	25 N.W. 9TH St.		
CITY - ST - ZIP				3.4 CITY - ST - ZIP	Miami, FL 33136		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: Hamdi Ali *Hamdi Ali* 1/8/97 (205) 948-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)