

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000005888 (8)

1. Corporation Name  
DALED, INC.

Principal Place of Business  
9700 COLLINS AVE.  
SUITE 223  
BALHARBOUR FL 33154

Mailing Address  
9700 COLLINS AVE.  
SUITE 223  
BALHARBOUR FL 33154-2200



3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last Report
4. FEI Number 65-0648289	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

~~WOLFE LARRY~~  
~~200-A JOHN KNOX ROAD~~  
~~TALLAHASSEE FL 32303-6643~~  
DALED, INC.  
9700 COLLINS AV  
SUITE 223  
BAL HARBOUR FL  
33154

10. Name and Address of New Registered Agent

81 Name Edmond Touboul  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 Edmond Touboul, President 1/28/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BOHBOT, MARC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHBOT, MARC	1.2 NAME	
STREET ADDRESS	800 SOUTH BEVERLY GLEN	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90024	1.4 CITY-ST-ZIP	
TITLE	D BOHBOT, MICHELE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHBOT, MICHELE	2.2 NAME	
STREET ADDRESS	800 SOUTH BEVERLY GLEN	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90024	2.4 CITY-ST-ZIP	
TITLE	D TOUBOUL, EDMOND <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUBOUL, EDMOND	3.2 NAME	
STREET ADDRESS	9700 COLLINS AVE. SUITE 223	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALHARBOUR FL 33154	3.4 CITY-ST-ZIP	
TITLE	D TOUBOUL, DALTHIA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUBOUL, DALTHIA	4.2 NAME	
STREET ADDRESS	9700 COLLINS AVE. SUITE 223	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALHARBOUR FL 33154	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: Edmond Touboul, President 1/28/97  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (9/96)