


FILED

Mar 11 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 # P96000037330 (3)			
1. Corporation Name KAT-N-DIL, INC.			
Principal Place of Business 7289 NORTHWEST 36TH STREET MIAMI FL 33166		Mailing Address 7289 NORTHWEST 36TH STREET MIAMI FL 33168-6702	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			
10. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>[Signature]</i> (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
12.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BARROSO, FRANK C 7289 NORTHWEST 36TH STREET MIAMI FL 33166	<input type="checkbox"/> DELETE	12.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP
12.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD BAROSSO, LINA I 7289 NORTHWEST 36TH STREET MIAMI FL 33166	<input type="checkbox"/> DELETE	12.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP
12.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	12.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP
12.7 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	12.8 TITLE NAME STREET ADDRESS CITY - ST - ZIP
12.9 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	12.10 TITLE NAME STREET ADDRESS CITY - ST - ZIP
12.11 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	12.12 TITLE NAME STREET ADDRESS CITY - ST - ZIP
12.13 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	12.14 TITLE NAME STREET ADDRESS CITY - ST - ZIP
13. ADDITIONAL OFFICERS AND DIRECTORS			
13.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	13.2 TITLE NAME STREET ADDRESS CITY - ST - ZIP
13.3 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	13.4 TITLE NAME STREET ADDRESS CITY - ST - ZIP
13.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	13.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP
13.7 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	13.8 TITLE NAME STREET ADDRESS CITY - ST - ZIP
13.9 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	13.10 TITLE NAME STREET ADDRESS CITY - ST - ZIP
13.11 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	13.12 TITLE NAME STREET ADDRESS CITY - ST - ZIP
13.13 TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	13.14 TITLE NAME STREET ADDRESS CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated on information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report and appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> REQUIRED			



CR2E034 (9/96)