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Mailing Address

11334 SW 132 PL. #4

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

11334 SW 132 PL. #4



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600050362 (8)

D&L INVESTMENTS OF SOUTH FLORIDA INC.

MIAMI FL 33186 MIAMI FL 33186-4330 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, 25 30 24 Florida Statutes Yes _ 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GARCIA, LUIS R Name 11334 SW 132 PL. #4 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 84 City Zio 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition GARCIA, LUIS R NAM: 1.2 NAME 11334 SW 132 PL. #4 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33186** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE THLE 2.1 TITLE Change Addition COOPER, DAVID A 2.2 NAME 719 N. HIGHLANDS DR. STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33021 2. 4 CITY - <u>S</u>T - ZIP CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change ... Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 7/P 4.4 CITY-ST-ZIP DELETE THILE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TILLE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CiTY-ST-ZIP

FILED
May 28 1997 8:00am
Secretary of State

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14. I do herety 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:

NUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-97 (305) 380-8/58