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CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000078702 (3)

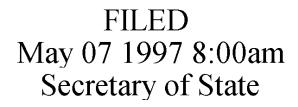
CDAL, INC.

Principal Place of Business

Mailing Address

1512 EAST ATLANTIC BLVD

1512 EAST ATLANTIC BLVD





POMPANO BEACH FL 33080		POMPANO BEACH FL 33060-6749								
						3. Date Incorporated or Qualified 09/23/1996	3a. Da	te of L	ast Rep	orl
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	_		Appli	ed For	
21		26			65-0697249	7		Not A	pplicable	
Suite, Apt. #, etc.		Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip Count		ntry		integible tax under s. 199.032,				
24	25	29 30			Florida Statutes Yes No					
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	jistered /	gent		
QUE	SADA, DORA			81	Name					
1512	2 EAST ATLANTIC BLVD. IPANO BEACH FL 33060		Ì	82	Street Address (P.O. Box Number is Not Acceptable)					
PUN	ALAMO DEMOU LE 22000		ŀ	83		*				
			-	84	City			85	Zip Co	de
					·		FL		,	
agent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typied or profiled name of registering age	ations of, Section 607.0505, F	lorida Statu	utes	.	rporation submits this statement for the pration's board of directors. Thereby acceptions were relistanced when relistanced	t the app	ointmé	nt as re	gistered
12.		D DIRECTORS	13.	Wiles	a signature requ	ADDITIONS/CHANGES TO OFFIC		DIRE	CTORS	INI 12
TITLE	D	DELETE	1.1 TIT	LE		ADDITIONATION TO CELL TO CELL TO		☐ Ch		Addition
NAME	QUESADA, DORA		1.2 NA							
STREET ADDRESS	1512 EAST ATLANTIC BLVD.				ADDRESS					
CITY-ST-ZIP		AMBANA BELOW EL ANGAS			1- ZIP					
TITLE	TOTAL PARTY OF THE COORD	DELETÉ	2.1 111					☐ Ch	ange [Addition
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP			2 4 CITY - ST - 71P		51 - 71P					
TITLE		☐ DELETE	311#					□ CH	ange [Addition
NAME		•	3.2 NAME							
STREET ADDRESS			3.3 STE	REET	ADDHESS					
CITY-ST-ZIP			3.4 CI	1Y-S	st - ZIP					
TITLE		DELFIE	4.1 1/1	ŧΕ				Ch	ange	Addition
NAME			4. 2 N/	\ME						
STREET ADDRESS			4.3 S1	REET.	ADDRESS					
C(TY-ST-ZIP			4.4.0(1		T-7IP					
TALE		☐ DELETE	5 1 11?	LF				LJ CH	ange [Addition
NAME			5.2 NA		Ì					
STREET ADDRESS			5.3 STI	KEET.	ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					₁	
TITLE		DELETE	6 1 TH					☐ Cr	ange (Addition
NAME			6 2 NA		J					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CIT			ed in Section 119 07(3)/i). Florida Statutes				

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 13 if changed, or on approximant with an address