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

PROFIT CORPORATION ANNUAL REPORT



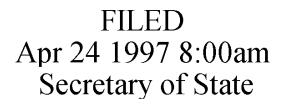
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000100396 (6)

DOVALE INDUSTRIES INC.





Principal Place of Business Malling Address			- 1 TOD LLD I THE US TO THE CONTROL OF THE CONTROL		
7761 NW 35 STREET HOLLYWOOD FL 33024		7761 NW 35 STREET HOLLYWOOD FL 33024-2212			
				3. Date Incorporated or Qualified 12/10/1996	3a. Date of Last Report
2. Principal	Place of Business	2a. Mailing Address 26 PO BOX 84	L8491	4. FEI Number 65-07232	Applied For Not Applicable
Suite, Apr	t. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale	City & State 26 Pembroke	PINES	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 29 33084 30	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25 9. Name and Address of Currer		<u> </u>	10, Name and Address of New Reg	
IUI	MARRON, YVONNE D		81 Name		
	I NW 35 STREET				
	LLYWOOD FL 33024		82 Street	Address (P.O. Box Number is Not Acceptab	le)
,,,,,			83		······································
			84 City		FL 85 Zip Code
office or	registered agent, or both, in the State am familiar with, and accept the obligi	i of Florida. Such change was autlations of, Section 607.0505, Florid	horized by the cor la Statutes.	corporation submits this statement for the p poration's board of directors. I hereby accept accept the property of the propert	t the appointment as registered
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE		Change Addition
NAME	JOMARRON, YVONNE D		1.2 NAME	Į	
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-7IP	HOLLYWOOD FL 33024		1.4 CiTY-ST-ZiP		······································
TITLE	PST	☐ DELETE	2.1 TITLE	VP	Change Addition
NAME	JOMARRON, YVONNE D		2.2 NAME	ARAMI RODRILLEZ 7161 NW 3574 ST.	
STREET ADDRESS	7761 NW 35 STREET HOLLYWOOD FL 33024		23 STREET ADDRESS	HOLLYWOOD, FL 33024	
CITY+ST-ZIP TI*LE	HOLLINOOD FL 33024	☐ DELETE	2.4 CITY+ST-ZIP 3.1 TITLE	HOLLYWOOD, I'L 33034	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY - \$1 - ZiP			3.4. CITY-ST-ZIP		
TITLE	1	DELETE	4.1 THTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	;		4.3 STREET ADDRESS		
City-ST-2if	<u> </u>		4.4 CI(Y+ST-ZIP		
THILE		☐ DELETE	5.1 TITLE		Change Addition
NAM!			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	į	
CITY - ST - ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITEE	1	L. J DELETE			ET ANNUAGE ET MODERA
NAME enote randoced	.]		6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS) <u> </u>				
CITY - ST - ZIP			6.4 CITY - ST - ZIP	1	

I. 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

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4-14-97

Daytime Phone # 0001910