


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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90054 014 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000071387**

1. Corporation Name  
**DCL INVESTMENTS CORP.**



Principal Place of Business 21 LA GORCE CIRCLE MIAMI BEACH FL 33141	Mailing Address 21 LA GORCE CIRCLE MIAMI BEACH FL 33141
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/18/1997</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0780390</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>Two S. Biscayne Boulevard</b> Suite, Apt. #, etc. <b>1614</b>	2a. Mailing Address <b>Two S. Biscayne Boulevard</b> Suite, Apt. #, etc. <b>1614</b>
22. <b>1614</b>	27. <b>1614</b>
23. City & State <b>Miami, FL USA</b>	28. City & State <b>Miami, FL USA</b>
24. Zip <b>33131</b> Country <b>USA</b>	29. Zip <b>FL 33131</b> Country <b>USA</b>

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI**  
**201 S BISCAYNE BLVD**  
**1600 MIAMI CENTER**  
**MIAMI-FL 33131**

10. Name and Address of New Registered Agent

81 Name <b>American Information Services</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>One S.E. 3rd Avenue</b>
83 <b>28th Floor</b>
84 City <b>Miami</b> 85 Zip Code <b>FL 33131</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CHOUKROUN, DIDIER</b>
STREET ADDRESS	<b>21 LA GORCE CIRCLE Two S. Biscayne Blvd.</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141 Suite 1614</b>
TITLE	
NAME	<b>Miami, FL 33131</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:  DATE: **1/29/99** DAYTIME PHONE #: **305-371-9287**

CR2E034 (11/98)