2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000071387

1. Entity Name DCL INVESTMENTS CORP.

Principal Place of Business

TWO SOUTH BISCAYNE BLVD. ONE BISCAYNE TOWER, SUITE 2630 MIAMI, FL 33131 US Mailing Address

TWO SOUTH BISCAYNE BLVD. ONE BISCAYNE TOWER, SUITE 2630 MIAMI, FL 33131 US

FILED Feb 02, 2004 08:00 AM Secretary of State



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01282004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0780390

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHOUKROUN, DIDIER TWO SOUTH BISCAYNE BLVD. **SUITE 2630** MIAMI, FL 33131

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	named entity submits this statement for the plions of registered agent.	ourpose of changing its registers	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and site	il spoilcable (NOTE, Fecisteres	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOUKROUN, DIDIER TWO S. BISCAYNE BLVD., SUITE 26 MIAMI, FL 33131	30	000000025041 02/02/04-80090-003 158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-TIP				DO NOT WRITE IN THIS SPACE		
HILE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS GITY-ST-ZIP					· .	
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of truefee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with asylpiddress with all other like empowered.

SIGNATURE:

CRY-SY-ZIP