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FILED
May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S09469

(5)

1. Corporation Name

DALIA ENTERPRISES, INC.

Principal Place of Business

4045 SHERIDAN AVENUE
157
MIAMI FL 33140
US

Mailing Address

4045 SHERIDAN AVENUE
157
MIAMI FL 33140-3665
US



3. Date Incorporated or Qualified
10/26/1990

3a. Date of Last Report
08/08/1996

2. Principal Place of Business

21 5601 Collins Ave

Suite, Apt. #, etc.

22 1606

City & State

23 Miami Beach FL

Zip

24 33140

Country

25 Dade

2a. Mailing Address

26 4045 Sheridan Ave

Suite, Apt. #, etc.

27 157

City & State

28 Miami Beach FL

Zip

29 33140

Country

30 Dade

4. FEI Number
65-0225562

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ARZY, DALIA
5005 COLLINS AVENUE
SUITE 602
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

ARZY, DALIA

82 Street Address (P.O. Box Number is Not Acceptable)

5601 Collins Ave #1606

83

84 City

Miami Beach

FL

85 Zip Code

33140

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPS
NAME
ARZY, DALIA C
STREET ADDRESS
5005 COLLINS AVE STE 602
CITY-ST-ZIP
MIAMI BEACH FL

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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

Arzy, Dalia

Arzy, Dalia

4/20/97

CR2E034 (9/96)