


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

FILED

Apr 16 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 # S 53955 (2) 1. Corporation Name DANI BENAMOU, inc															
Principal Place of Business 1126 S. Fed. Hwy. FORT LAUDERDALE FL. 33316		Mailing Address 1126 S. Fed. Hwy. FORT LAUDERDALE FL. 33316													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 FT. LAUDERDALE Zip 24 33316	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 05-21-1991 4. FEI Number 65-0262241 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3a. Date of Last Report 04-1996 Applied For Not Applicable												
9. Name and Address of Current Registered Agent BENAMOU, Danielle 1126 S. FEDERAL Hwy FORT LAUDERDALE, FL-33316		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE PRESIDENT <input type="checkbox"/> DELETE NAME BENAMOU DANIELLE STREET ADDRESS 1126 S. FEDERAL Hwy. CITY-STATE-ZIP FT. LAUDERDALE, FL-33316 </td> <td style="width:50%;"> 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP </td> </tr> <tr> <td> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP </td> </tr> <tr> <td> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP </td> </tr> <tr> <td> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP </td> </tr> <tr> <td> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP </td> </tr> <tr> <td> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td> 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP </td> </tr> </table>		TITLE PRESIDENT <input type="checkbox"/> DELETE NAME BENAMOU DANIELLE STREET ADDRESS 1126 S. FEDERAL Hwy. CITY-STATE-ZIP FT. LAUDERDALE, FL-33316	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <div style="text-align: right; font-size: 1.2em;"> 1126 4-16-97 </div> <div style="text-align: center;"> 900002145789 -04/17/97--01010--026 ***165.00 </div>	
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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: D. Benamou SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Mrs. D. BENAMOU 04-08-1997 PRESIDENT Date Daytime Phone # (602) 946-8380													

CR2E034 (9/96)