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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra 8. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$85748

1. Corporation Name

(9)

DLOR INTERNATIONAL, INC.

FILED Apr 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address										
1225 N MILITA		1225 N MILITARY	225 N MILITARY TRAIL							
#3 West paim b	REACH EL 39409	#3 West pain rea								
						3. Date Incorporated or Qualified 10/07/1991		3a. Date of Last Report 07/22/1996		
2. Principal P	lace of Business	2a. Mailing Addre	ss		***************************************	4. FEI Number			plied For	
1		26	······································			65-0290265 Not Applic				
Suite, Apt 2	#, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired	K	\$8.75 A Fee Re		
City & Stat	e	City & State	 			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fermi				
Zip	Country	Zip	Cou	intry	<i>t</i>	8. This corporation has liability for			199.032,	
4	25	29	30			Florida Statutes 10. Name and Address of New Re	Yes [
	9. Name and Address of Cu	trent Hegistered Agent	***************************************	81	Name	1U. Name and Address of New Ki	gistered	Agent		
FERGUSON, DARL					Hame					
200 #20	O NORTH CONGRESS AVE.		82 Street Ad			dress (P.O. Box Number is Not Accepta	ole)			
	ST PALM BEACH FL 33409			В3		······································				
				84	City			85 Zip (Code	
				<u> </u>		progration submits this statement for the ation's board of directors. I hereby acce	FL			
2 .	OFFICERS	AND DIRECTORS DEI	13. ETE 1.1 Ts	TLF		ADDITIONS/CHANGES TO OFFICE		Channe	S IN 12	
NAME	MANZANO, BLANCA D	KOT NO	1.1 IS		۱,	PARIA ELENA CARdon	A De	AC2_	Additi	
STREET ADORESS	1225 N MILITARY TRAIL #	3			T ADDRESS .	1225 N. MilitARY T	RAIL	# 3		
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NAME CONTRACTOR			6.2 N							
STREET ADDRESS					T ADDRESS					
City-St-ZiP	by cartify that the information our	polind with this filing does t			ST-ZIP	ted in Section 119 07/3)(i). Florida Statut	se I furthe	er certify that	the	

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: Have Place Person Printed NAME OF SIGNI

INING OFFICER OR DIRECTOR

4 21 97 640362