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Mar 04 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 # S93551 (7)

1. Corporation Name
DAVELO CORP.

Principal Place of Business

3143 NE 163 STR
NO MIAMI FL 33160
US

Mailing Address

3143 NE 163 STR
NO MIAMI FL 33160-4463
US



3. Date Incorporated or Qualified
11/12/1991

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0305818

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

LOPATE, DAVID
3143 N.E. 163RD STREET
NO MIAMI FL 33160

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

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	PD	DELETE
NAME	LOPATE, DAVID	
STREET ADDRESS	3143 NE 163 STR	
CITY - ST - ZIP	NO MIAMI FL	
TITLE	STD	DELETE
NAME	KRAMER, JAMES	
STREET ADDRESS	4225 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	DELETE
NAME	KRAMER, TRACY	
STREET ADDRESS	4225 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	DELETE
NAME	SIMKOVIC, ZEFF	
STREET ADDRESS	4225 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	DELETE
NAME	MUNACH, DANA	
STREET ADDRESS	9835 SUNSET DRIVE, #107	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	ROEMMELE, PAUL	
STREET ADDRESS	10374 W. SAMPLE ROAD	
CITY - ST - ZIP	CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Change	Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 24, 97

Daytime Phone #

CP2E034 (9/96)