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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V27739**

(4)

1. Corporation Name

DAVEMAEL CORPORATION
DAVIMAEL CORPORATION

PLEASE CORRECT
NAME OF CORP.
(SPELLING)

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
169 E FLAGLER 169 E FLAGLER
1620 1620
MIAMI FL 33131 MIAMI FL 33131
US US

3. Date Incorporated or Qualified 04/10/1992
3a. Date of Last Report 04/22/1994

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number 65-0338138
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 28 Zip

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Country 25 Country 29 Country 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No FOREIGN SHAREHOLDER

9. Name and Address of Current Registered Agent
HARRIS, ELLIOTT
111 SW 3
6 FL
MIAMI FL 33130

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENFEL, CARLOS	2. NAME	LINDENFELD CARLOS CORRECTION NAME MISPELLED
STREET ADDRESS	169 E FLAGLER 1620	3. STREET ADDRESS	169 E. FLAGLER 1620
CITY- ST- ZIP	MIAMI FL	4. CITY- ST- ZIP	MIAMI FL.
TITLE	DVP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENFELD, JUDITH	22. NAME	700001452097
STREET ADDRESS	169 E FLAGLER 1620	23. STREET ADDRESS	-04/10/95--01043--020
CITY- ST- ZIP	MIAMI FL	24. CITY- ST- ZIP	****200.00 ****200.00
TITLE	DT	31. TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENFELD, MARTIN	32. NAME	LINDENFELD MARTIN CORRECTION NAME MISPELLED
STREET ADDRESS	169 E FLAGLER 1620	33. STREET ADDRESS	169 E. FLAGLER 1620
CITY- ST- ZIP	MIAMI FL	34. CITY- ST- ZIP	MIAMI, FL
TITLE	VPS	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENFELD, DANYA	42. NAME	
STREET ADDRESS	169 E FLAGLER 1620	43. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	44. CITY- ST- ZIP	
TITLE	VP	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDENFELD, ELSA	52. NAME	
STREET ADDRESS	169 E FLAGLER 1620	53. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	54. CITY- ST- ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Danya Lindenfeld 4/3/95 (305) 3778832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (with Time)