

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V41331**

(2)

1. Corporation Name

D.E.A.L. ENTERPRISES, INC.



Principal Place of Business

**619 NW 12TH AVENUE
MIAMI FL 33136**

Mailing Address

**619 NW 12TH AVENUE
MIAMI FL 33136**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**GELBER, ELIOT D.
619 NW 12TH AVENUE
MIAMI FL 33136**

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 607.0102 and 607.0104, 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

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	GELBER, ELLIOT D	
STREET ADDRESS	619 N.W. 12 AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	VP	[] DELETE
NAME	GELBER, EDWARD	
STREET ADDRESS	619 N.W. 12 AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE	ST	[] DELETE
NAME	GELBER, ADAM R	
STREET ADDRESS	619 N.W. 12 AVE	
CITY- ST- ZIP	MIAMI FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	
21. TITLE	[] Change [] Addition
22. NAME	
23. STREET ADDRESS	
24. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is correctly furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 it made under oath; that I am an officer or director of the corporation; or the registered or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13, if changed, or in the attached list of officers and directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 3053260260

CR2E034 (12/95)