

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V61086 (7)**

1. Corporation Name
DAHMZEL, INC.



Principal Place of Business Mailing Address
545 N.W. 95TH ST. MIAMI FL 33150

3. Date Incorporated or Qualified **09/01/1992** 3a. Date of Last Report **03/08/1995**
4. FEI Number **65-0353576** 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

2. Principal Place of Business 2a. Mailing Address
21. Street, Apt. #, etc. 26. Street, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent **ELLENBOGEN, EVELYN S. 545 N.W. 95TH ST. MIAMI FL 33150**
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 607.0602 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 I accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ELLENBOGEN, EVELYN S.	2. NAME	
3. STREET ADDRESS	545 N.W. 95TH ST.	3. STREET ADDRESS	
4. CITY, STATE	MIAMI FL	4. CITY, ST, ZIP	
5. TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	ELLENBOGEN, ALFRED	6. NAME	
7. STREET ADDRESS	545 N.W. 95TH ST.	7. STREET ADDRESS	
8. CITY, STATE	MIAMI FL	8. CITY, ST, ZIP	
9. TITLE		9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE		12. CITY, ST, ZIP	
13. TITLE		13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, STATE		16. CITY, ST, ZIP	
17. TITLE		17.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, STATE		20. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Evelyn S. Ellenbogen* 1/24/96 305-751-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-mail or Phone #

CR2E034 (12/95)