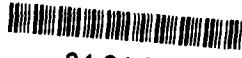


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Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger Effective Date
Month Day Year _____
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Name GOLD COAST CHEMICAL CORPORATION

Execution Date
Month Day Year

5 1 95

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization FLORIDA U. S. A.

Receiving Party

Mark if additional names of receiving parties attached

Name DORA INDUSTRIES, INC.

DBA/AKA/TA GOLD COAST CHEMICAL PRODUCTS

Composed of _____

Address (line 1) 2790 SOUTH PARK ROAD

Address (line 2) _____

Address (line 3) PEMBROKE PARK

FLORIDA

33009

City

State/Country

Zip Code

- Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- Corporation Association
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- Citizenship/State of Incorporation/Organization FLORIDA, U. S. A.

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Enter for the first Receiving Party only.

Name **ELI FINKELBERG**

Address (line 1) **2790 SOUTH PARK ROAD**

Address (line 2) **PEMBROKE PARK, FLORIDA 33009**

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number **954-893-0044**

Name **SAME AS ABOVE**

Address (line 1)

Address (line 2)

Address (line 3)

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Pages

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4

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

1,830,012

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$ **40.00**

Method of Payment: Enclosed Deposit Account

Deposit Account **NO FEE ENCLOSED**
(Enter for payment by deposit account or if additional fees can be charged to the account.)

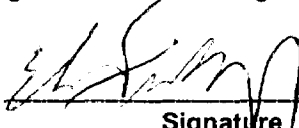
Deposit Account Number: #

Authorization to charge additional fees: Yes No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

ELI FINKELBERG



4/21/00

Name of Person Signing

Signature

Date Signed

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Conveying Party

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Execution Date
Month Day Year

Name **GOLD COAST CHEMICAL CORPORATION**

5 1 95

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship State of Incorporation/Organization **FLORIDA, U. S. A.**

Receiving Party

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

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