

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # K88105

(7)

95 JAN 19 PM 12: 54

1. Corporation Name

DIRECT DISPENSING, INC.

Principal Place of Business

**10486 N.W. 31ST TERRACE
MIAMI FL 33172**

Mailing Address

**10486 N.W. 31ST TERRACE
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1989

3a. Date of Last Report
02/08/1994

4. FEI Number
65-0131846

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

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, 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

**HELLMAN, MAYNARD J.
1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VS**
NAME **LORIE, FELIPE**
STREET ADDRESS **10486 N.W. 31ST TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D**
NAME **SMEETS, CHRISTOPHER**
STREET ADDRESS **10486 N.W. 31ST TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D**
NAME **VAN DER KWAST, HENRY**
STREET ADDRESS **10486 N.W. 31ST TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PRESIDENT, DIRECTOR** ☐ Change ☒ Addition
12 NAME **MIGUEL GARCIA ARMENGOL**
13 STREET ADDRESS **10486 N.W. 31 TERRACE**
14 CITY-ST-ZIP **MIAMI, FL. 33172**

21 TITLE **SECRETARY.** ☒ Change ☐ Addition
22 NAME **LORIE, FELIPE**
23 STREET ADDRESS **10486 N.W. 31ST TERRACE**
24 CITY-ST-ZIP **MIAMI, FL. 33172**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE:

Felipe Lorie

FELIPE LORIE

1/12/95

(305) 477-8282

TYPED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type in Block 13)