

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -1 11:10:53

DOCUMENT # M66331 (3)

1. Corporation Name

A. M. D. CORPORATION

Principal Place of Business

**8340 S.W. 37TH ST.
P.O. BOX 65-0211
MIAMI FL 33265**

Mailing Address

**8340 S.W. 37TH ST.
P.O. BOX 65-0211
MIAMI FL 33265**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0027216

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

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**POU, ANDRES
8340 S.W. 37TH STREET
P.O. BOX 65-0211
MIAMI FL 33265**

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 of registered agent or president of corporation and title of corporation)

(Signature of Registered Agent (signature required when substituting))

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**DP
POU, ANDRES
8340 S.W. 37TH ST.
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**DT
POU, AMEE
8340 SW 37TH ST
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**DVP
POU, ALFREDO
5751 S.W. 47TH
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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change

☐ Addition

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)(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 a 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 my block with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-95 305-220-5442

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M66538**

(3)

1. Corporation Name

DELATOUR & SONS, INC.

Principal Place of Business

Mailing Address

% JOSEPH M. DELATOUR
312 BARCLAY AVE.
ALTAMONTE SPRINGS FL 32701

% JOSEPH M. DELATOUR
P. O. BOX 941832
MAITLAND FL 32794-1832
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1988

3a. Date of Last Report

06/07/1994

4. FEI Number

59-2872129

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

21 312 BARCLAY AVE

Suite, Apt. #, etc

22

City & State

23 Altamonte sp. FL

Zip

24 32701

Country

25 US

2a. Mailing Address

26 PO BOX 941832

Suite, Apt. #, etc

27

City & State

28 Maitland FL

Zip

29 32794-1832

Country

30 US

9. Name and Address of Current Registered Agent

DELATOUR, JOSEPH M.
312 BARCLAY AVE.
ALTAMONTE SPRINGS FL 32701

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 of person to whom notice of registered agent and office of corporation)

(Signature of Registered Agent; signature required when appointing)

5-31-95

12. OFFICERS AND DIRECTORS

TITLE VST
NAME DELATOUR, JOSEPH M.
STREET ADDRESS 312 BARCLAY AVE.
CITY, ST, ZIP ALTAMONTE SPGS. FL

TITLE PD
NAME DELATOUR, HELEN R.
STREET ADDRESS 312 BARCLAY AVE.
CITY, ST, ZIP ALTAMONTE SPGS. FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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 ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph M. de la Tour Vice President

(Signature and Typed or Printed Name of Signing Officer or Director)

5-31-95 (402) F344791