

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001253 (1)

1. Corporation Name

DFK TRADING CORP.

Principal Place of Business

133 SEVILLA
CORAL GABLES FL 33134

Mailing Address

133 SEVILLA
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1994

3a. Date of Last Report

2. Principal Place of Business

21 7686 Stonehaven Ln

2a. Mailing Address

26 7686 Stonehaven Lane

4. FEI Number

65-0470116

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

Boca Raton FL

28 City & State

Boca Raton, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

25 Country

33496

29 Zip

30 Country

33496

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROLLNICK, NEIL S

133 SEVILLA

CORAL GABLES FL 33134

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 the filer

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

PRESIDENT

DANIEL Keisman

7686 Stonehaven Ln.

Boca Raton, FL 33496

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

SECRETARY

MYRNA Keisman

7686 Stonehaven Lane

Boca Raton FL 33496

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was 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 supplement 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL Keisman

4/26/95