

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # P94000044899 (0)

1. Corporation Name

DFI SERVICES, INC.



Principal Place of Business

9380 S.W. 72 STREET
B235
MIAMI FL 33173

Mailing Address

9380 S.W. 72 STREET
B235
MIAMI FL 33173

2. Principal Place of Business

21 9370 SW 72 ST

Suite/Apt. #, etc.
22 A 200

23 City & State
Miami FL

24 Zip 33173 25 Country USA

2a. Mailing Address

26 9370 SW 72 ST

Suite/Apt. #, etc.
27 A-200

28 City & State
Miami FL

29 Zip 33173 30 Country USA

3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report
03/21/1995

4. FEI Number

65-0497596

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

9. Name and Address of Current Registered Agent

PUIG, ALELI L
9380 S.W. 72 STREET
B235
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
9370 SW 72 Street

83 A. 200

84 City Miami

85 Zip Code FL 33173

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's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PUIG, ALELI L
STREET ADDRESS 9380 S.W. 72 STREET, # B235
CITY-ST-ZIP MIAMI FL 33173

TITLE D ☐ DELETE

NAME PUIG, JOSE R
STREET ADDRESS 9380 S.W. 72 STREET, # B235
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME 9370 SW 72 ST, A-200
1.3 STREET ADDRESS Miami, FL. 33173.
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME 9370 SW 72 ST, A-200
2.3 STREET ADDRESS Miami, FL. 33173
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)(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:

Aleli L Puig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 605

DATE

Daytime Phone

CR2E034 (12/95)