

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

CORPORATION
ANNUAL REPORT
1995



THE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

APPROVED
AND
FILED

95 APR 21 PM 4:17

DOCUMENT # **P94000074685 (6)**
DANMARCO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business 10485 SW 130TH CT MIAMI FL 33186		2a. Mailing Address 10485 SW 130TH CT MIAMI FL 33186		3. Effective Date of Report 10/11/1994		3a. State of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FID Number 65-0537954		Applied For		Not Applicable	
21. State Applicant	26. State Applicant	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
23. City & State	28. City & State	B. This corporation has liability for uncollectible taxes to the U.S. Family Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
24. City & State	25. City & State	29. City & State	30. City & State				

9. Name and Address of Current Registered Agent SROUR, JACOB 10485 SW 130TH CT MIAMI FL 33186				10. Name and Address of New Registered Agent			
B1. Name							
B2. Street Address (P.O. Box Number is Not Acceptable)							
B3.							
B4. City				FL		B5. Zip Code	

11. Pursuant to the provisions of Sections 217.01 and 217.02, Florida Statutes, the above named corporation submits the 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 duties of the agent as set forth in Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D SROUR, JACOB 10485 SW 130TH CT MIAMI FL 33186	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME	D SROUR, BEATRIZ 10485 SW 130TH CT MIAMI FL 33186	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
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NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret

14. I, the undersigned, hereby certify that the information supplied on this report is true and correct, and that I am qualified to be the registered agent for the corporation. I understand that if I am not qualified to be the registered agent, I shall be liable to the corporation for the amount of the filing fee. I understand that if I am not qualified to be the registered agent, I shall be liable to the corporation for the amount of the filing fee. I understand that if I am not qualified to be the registered agent, I shall be liable to the corporation for the amount of the filing fee.

SIGNATURE: _____
DATE: **3-29-95**