

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S90465 (3)
1. Corporation Name
D.F.E.I., CORP.



Principal Place of Business

Mailing Address

~~7955 NW 21 ST X~~
~~MIAMI FL 33126~~
~~US~~

~~7955 NW 21 ST~~
~~MIAMI FL 33126~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 7991 NW 21 ST

26 7991 NW 21 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

24 Zip 33122

Country

25 USA

27 City & State

28 MIAMI FL

29 Zip 33122

Country

30 USA

9. Name and Address of Current Registered Agent

UIPAN, ANTONIO
2420 S.W. 108TH PLACE
MIAMI FL 33165

3. Date Incorporated or Qualified

10/29/1991

3a. Date of Last Report

02/27/1995

4. FEI Number

26-7150155

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

10. Name and Address of New Registered Agent

81 Name

Uipan, Antonio

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

7991 N.W. 21 ST

83

84 City

Miami

FL

85 Zip Code

33122

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]
Signature, typed or printed name of registered agent and title if applicable

ANTONIO J. UIPAN PRESIDENT

7/21/96
Date

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PTD
STREET ADDRESS UIPAN, ANTONIO
CITY-ST-ZIP 2420 S.W. 108TH PLACE
MIAMI FL

TITLE ☒ DELETE
NAME SVD
STREET ADDRESS SALOMON-PINEDA, JOSE
CITY-ST-ZIP 2420 S.W. 108TH PLACE
MIAMI FL

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

11 TITLE SVD ☒ Change ☐ Addition
12 NAME Uipan, Alicia
13 STREET ADDRESS 7991 NW 21 ST
14 CITY-ST-ZIP Miami - FL 33122

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

07/21/96

(305) 477 2270

CR2E034 (3/96)