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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:04

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V33563

(0)

1. Corporation Name

DEMAND ASSISTANCE KORP., INC.

Principal Place of Business

5595 SW 80TH ST
#A UNIT
SOUTH MIAMI FL 33143

Mailing Address

5595 SW 80TH ST
#A UNIT
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1992

3a. Date of Last Report

01/25/1994

4. FEI Number

65-0330686

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

24

2a. Mailing Address

25 Suite, Apt #, etc

26 City & State

27 Zip Country

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIBLEY, CHARLES J.
1925 BRICKELL AVE
SUITE D207
MIAMI FL 33129

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 (Print or printed name of registered agent and title, if applicable)

Signature (Print or printed name of registered agent and title, if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

MIDDLEBROOK, E MALENA
5595 SW 80TH ST #A
SOUTH MIAMI FL

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

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY ST ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY ST ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY ST ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY ST ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY ST ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY ST ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/95

305 284-8491