

FILE NOW: FILING FEE AFTER MAY 1 IS \$200.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morthland
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V53761** (5)

1. Corporation Name

DEMARK CUSTOMS BROKER, INC.

Principal Place of Business

**6595 N.W. 36 STREET
SUITE 200
MIAMI FL 33166
US**

Mailing Address

**6595 N.W. 36 STREET
SUITE 200
MIAMI FL 33166
US**

2. Principal Place of Business

21 **2801 N.W. 74TH AVE**

Suite, Apt. #, etc.

22 **Suite # 211**

City & State

23 **Miami, FL**

Zip

24 **33122**

Country

25 **US**

2a. Mailing Address

26 **P.O. Box 52-1456**

Suite, Apt. #, etc.

27

City & State

28 **Miami, FL**

Zip

29 **33152-1456**

Country

30 **US**

9. Name and Address of Current Registered Agent

**RAMIREZ, MIRNA
6595 N.W. 36 STREET
SUITE 200
MIAMI FL 33166**

3. Date Incorporated or Qualified

07/24/1992

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0350492

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

Name

Ramirez Mirna

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

2801 N.W. 74TH AVE

Suite # 211

City

Miami

FL

85

Zip Code

33122

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above
or registered agent, or both, in the State of Florida. Such change was authorized by the
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

cu Ramer - President

Signature typed or printed (Name of Registered Agent or Director if applicable)

DATE

04-16-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	RAMIREZ, MIRNA	
STREET ADDRESS	6595 NW 36TH ST., STE 200	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMIREZ, MIRNA	
STREET ADDRESS	6595 N.W. 36 ST. #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAMIREZ, RAMIRO M.	
STREET ADDRESS	6595 N.W. 36 ST. #200	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2801 N.W. 74TH AVE Suite 211
14 CITY-ST-ZIP	Miami, FL 33122
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	2801 N.W. 74TH AVE Suite 211
24 CITY-ST-ZIP	Miami, FL 33122
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2801 N.W. 74TH AVE Suite #211
34 CITY-ST-ZIP	Miami, FL 33122
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

cu Ramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-96 305 477-0046

DATE

Telephone Number

CR2E034 (12/95)