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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT: CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999: DOCUMENT # V53761

 Corporation 	n Name			}	
DEMARK	CUSTOMS BROKER, INC.				
				I CHAN BURN BURN CHAN CHEN BER BURN HER BER	L BIBLIC BERGE BEGIN BERGE BERGE HOR
Principal Place	e of Business	Mailing Address			I BIRIL BABIF BIBIL BABIF BIBIL 1881
1950 NW 70TH	AVE	PO BOX 52-1456			
STE 211	· ·	MAIMI FL 33152-1456	•	, DO NOT MOITE IN THE	0.004.05
MIAMI FL 3312	6	US		DO NOT WRITE IN THI	S SPACE
US				3. Date Incorporated or Qualifed 07/24/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1950	NW. 70Th AUR	26		65-0350492	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22	•	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	 	6. Election Campaign Financing	\$5.00 May Be
23 10 10 1		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	T
24 331			30	Personal Property Tax.	Yes No
· <u></u>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	n Agent
RAM	IIREZ, MIRNA		Ram	TPZ MIRNA	<u> </u>
	NW 70TH AVE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
STE			83 1950	N.W. 70Th AUC	
	MI FL 33126				
	,		84 City	, mi, F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	s the above-named corno	pration submits this statement for the purpose	of changing its registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au	thorized by the corporation	n's board of directors. I hereby accept the app	ointment as registered
_	ti lattiliai with, and accept the obligati	5113 01, GEGUOTI GOT :0000, 1 1011	da Otatutes,	•	,
SIGNATURE,	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature required	when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PST	☐ DELETE	1.1 TiTLE		☐ Change ☐ Addition
NAME	RAMIREZ, MIRNA		1.2 NAME	· .	,
STREET ADDRESS	1950 NW 70TH AVE		1.3 STREET ADORESS		•
CITY-ST-ZIP	MIAMI FL 33126	D perete	1.4 CITY-ST-ZIP		Change
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	RAMIREZ, MIRNA		2.2 NAME		
STREET ADDRESS	1950 NW 70TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE	RAMIREZ, RAMIRO M.	. Detaile	3.1 IIILE 3.2 NAME	•	
NAME OTDEET ADDRESS	1950 NW 70TH AVE		a i		
STREET ADDRESS	MIAMI FL 33126		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	1012-1411 1 L 30 120	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS	,	
CITY-ST-ZIP	•		4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		,
STREET ADORESS	•		5.3 STREET ADDRESS		·
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
L					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-Z:P



04-15-99

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