FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -7 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V27739** **(4)**

1. Corporation Name
DAVIEMAEL CORPORATION
DAVIMAEL CORPORATION
PLEASE CORRECT NAME OF CORP. (SPELLING)

Principal Place of Business	Mailing Address
169 E FLAGLER 1620 MIAMI FL 33131 US	169 E FLAGLER 1620 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/10/1992**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **65-0338138** ☐ 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 FOREIGN SHAREHOLDER

9. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
111 SW 3
6 FL
MIAMI FL 33130

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☐ Change ☐ Addition
NAME	LINDENFEL, CARLOS	12 NAME	LINDENFELD CARLOS	CORRECTION NAME MISPELLED
STREET ADDRESS	169 E FLAGLER 1620	13 STREET ADDRESS	169 E. FLAGLER 1620	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI FL.	
TITLE	DVP	21 TITLE		☐ Change ☐ Addition
NAME	LINDENFELD, JUDITH	22 NAME	700001452097	
STREET ADDRESS	169 E FLAGLER 1620	23 STREET ADDRESS	-04/10/95--01043--020	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	****200.00 ****200.00	
TITLE	DT	31 TITLE	DT	☐ Change ☐ Addition
NAME	LINDENFLED, MARTIN	32 NAME	LINDENFELD MARTIN	CORRECTION NAME MISPELLED
STREET ADDRESS	169 E FLAGLER 1620	33 STREET ADDRESS	169 E. FLAGLER 1620	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL	
TITLE	VPS	41 TITLE		☐ Change ☐ Addition
NAME	LINDENFELD, DANYA	42 NAME		
STREET ADDRESS	169 E FLAGLER 1620	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	LINDENFELD, ELSA	52 NAME		
STREET ADDRESS	169 E FLAGLER 1620	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: _____ **Danya Lindenfeld** 4/3/95 (305) 3778832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DW 4-7-95

0132776 CP