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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 684018

(5)

1. Corporation Name

DUNE LINE COMPANY.

Principal Place of Business

C/O SIDNEY C. SHAPIRO, C.P.A.
~~2329 S. CONGRESS AVENUE, SUITE 2E~~
W. PALM BEACH FL 33406

Mailing Address

C/O SIDNEY C. SHAPIRO, C.P.A.
~~2329 S. CONGRESS AVENUE, SUITE 2E~~
W. PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1980

3a. Date of Last Report

07/20/1994

4. FEI Number

59-2052767

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 1412 INDIAN ROAD

2a. Mailing Address

26 1412 INDIAN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIDNEY C SHAPIRO, CPA
~~2329 S CONGRESS AVE, STE 2E~~
W PALM BCH, FL
33406

81 Name

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

1412 INDIAN ROAD

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 typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

LONDONO, FERNANDO

STREET ADDRESS

3000 N OCEAN DR, 33E

CITY ST ZIP

SINGER ISLAND, FL 00000

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

100001413101
-02/23/95--01016--022

****200.00 ****200.00

TITLE

SD

NAME

CAMARGO-LONDONO, MARIA

STREET ADDRESS

3000 N OCEAN DR, 33E

CITY ST ZIP

SINGER ISLAND, FL 00000

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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STREET ADDRESS

CITY ST ZIP

TITLE

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STREET ADDRESS

CITY ST ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 118.07(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 in an attachment with an address.

SIGNATURE: MARIA CAMARGO-LONDONO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

DATE

Signature of Officer

9/2/95