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 MAY -1 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **821626** **(9)**

1. Corporation Name
DYM, INC.

Principal Place of Business	Mailing Address
6915 RED RD. 212A S. MIAMI FL 33143 US	6915 RED RD. 212A S. MIAMI FL 33143 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/09/1968**
3a. Date of Last Report: **06/30/1994**

2. Principal Place of Business
21: 6701 TARREGA ST
22: Suite, Apt. #, etc.
23: City & State: CORAL GABLES,
24: Zip: 33146 25: County: Dade

2a. Mailing Address
26: 6701 TARREGA ST
27: Suite, Apt. #, etc.
28: City & State: CORAL GABLES
29: Zip: 33146 30: County: Dade

4. FEI Number: **04-2053923** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POBLOCKI,RAYMOND
6701 TARREGA ST
CORAL GABLES FL 33146

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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	POBLOCKI,RAYMOND	1.2 NAME		
STREET ADDRESS	6701 TARREGA ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	POBLOCKI, SALLY J	2.2 NAME		
STREET ADDRESS	670 TARREGA ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	POBLOCKI FRANCIS	☐ Change ☐ Addition
NAME	POBLOCKI,FRANCIS	3.2 NAME		
STREET ADDRESS	1315 SAN IGNACIO AVE.	3.3 STREET ADDRESS	3151 N. 47th Ave	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Hollywood FL. 33021	
TITLE	D	4.1 TITLE		☑ Change ☐ Addition
NAME	POBLOCKI, BARBAR	4.2 NAME	POBLOCKI BARBARA	
STREET ADDRESS	1315 SAN IGNACIO AVE	4.3 STREET ADDRESS	3151 N. 47th Ave	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Hollywood FL. 33021	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ June 26, 1995 665-5820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0163601 CP