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 26 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F18044** **(0)**

1. Corporation Name
D.F.I. WEST INDIES, INC.

Principal Place of Business	Mailing Address
136 NORTH NARANJA AVENUE C/O FRANCISCO RENTA PORT ST. LUCIE FL 34983	136 NORTH NARANJA AVENUE C/O FRANCISCO RENTA PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1981
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 762 SE. CARNIVAL AVE.	26 762 SE CARNIVAL AVE
22 Suite, Apt. #, etc.	27 PORT ST. LUCIE, FL
23 City & State: PORT ST. LUCIE, FL	28 City & State
24 Zip: 34983 25 Country: USA	29 Zip: 34983 30 Country: USA

4. FEI Number: 59-2054534 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RENTA, FRANCISCO 136 NORTH NARANJA AVENUE PORT ST. LUCIE FL 34983	81 Name: FRANCISCO RENTA 82 Street Address (P.O. Box Number is Not Acceptable): 762 SE CARNIVAL AVE 83 84 City: PORT ST. LUCIE FL 85 Zip Code: 34983

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	RENTA, OLGA	1.2 NAME	
STREET ADDRESS	136 N NARANJA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	RENTA, FRANCISCO	2.2 NAME	
STREET ADDRESS	136 N NARANJA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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)(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: Francisco Renta FRANCISCO RENTA 4/20/95 407-878-0791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0464412 FP