

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90071 047 ***150.00

DOCUMENT # F57189

1. Corporation Name

DENKO INTERNATIONAL SALES INCORPORATED

Principal Place of Business

~~301 ALMERIA STE 210~~
CORAL GABLES FL 33134

Mailing Address

~~301 ALMERIA STE 210~~
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1981

4. FEI Number

59-2141872

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1825 PONCE DE LEON

Suite, Apt. #, etc.

22 # 274

23 CORAL GABLES, FL

24 33134 25 USA

2a. Mailing Address

26 1825 PONCE DE LEON

Suite, Apt. #, etc.

27 # 274

28 CORAL GABLES, FL

29 33134 30 USA

9. Name and Address of Current Registered Agent

SACASA, DENNIS J
~~301 ALMERIA STE 210~~
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

1825 PONCE DE LEON # 274

83

84 City CORAL GABLES

FL

85 Zip Code 33134

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME SACASA, DENNIS J
STREET ADDRESS ~~301 ALMERIA STE 210~~
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

V
NAME SACASA, SYLVIANE
STREET ADDRESS ~~301 ALMERIA STE 210~~
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1825 PONCE DE LEON, #274
1.4 CITY-ST-ZIP CORAL GABLES, FL. 33134

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1825 PONCE DE LEON, #274
2.4 CITY-ST-ZIP CORAL GABLES, FL. 33134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26, 99

Date

Daytime Phone #

305
567-9145

CR2E034 (11/98)