SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIL CORPORATION ANNUAL REPORT

Principal Place of Business

8465 S.W. 48TH STREET

MIAMI FL 33155



1998

G99589

DOCUMENT #

1. Corporation Name DEMORA ENTERPRISES, INC. FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5)

Mailing Address

MIAMI FL 33155

8465 S.W. 48TH STREET

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98 OCT 14 PM 3: n3

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Pl 21 Suite, Apl. 22 City & State 23 Zip			Country		DO NOT WRITE IN T 3. Date Incorporated or Qualified 03/13/1984 4. FEI Number 59-2423492 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the Personal Property Tax due June 30. 10. Name and Address of New Register	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No
RUBI	O, DELIA	Registered Agent	81	Name	10. Name and Address of New Register	ea Agont
8465 S.W. 48TH STREET MIAMI FL 33155				82 Street Address (P.O. Box Number is Not Acceptable)		
			84	City		85 Zip Code
44 Discussed	to the provisions of prolines 607.0603	and 607 4109 Ularida Statutos	the chaus	namad aassas	ration automits this statement for the humans	L
office or r	egistered agent, or both, in the State.	of Florida. Such change was au	ithorized by	the corporation	ration submits this statement for the purpose o on's board of directors. I hereby accept the ap	pointment as registered
· ·	m familiar with, and accept the obliga	tions of, section 607,0505, Flor	nda Statutes	٠.		
SIGNATURE .	Signature, type for present name of registered agen	and title if applicable (NO)	t : Registered A	gent signature requ	pired when reinstating) DAT	
12.	OFFICERS ANI	r n	13.	1	ADDITIONS/CHANGES TO OFFICERS	
1111.6	DP\$	DELETE	1.1 TITLE			Change
NAME	RUBIO, DELIA 8465 S.W. 48TH STREET		1.2 NAME			
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1111.1	-	[peleje	5.1 THTLE	- 1		Change Addition
NAME		. ,	5.2 NAME			1 1. (· · · · · · · · · · · · · · · · · ·
STREET ADDRESS			5.3 STREET	ADDRESS		
CiTY-ST-ZiF			5.4 CH Y-S1-	-ZIF1		
1111.5		[DECETE	6.1 TITLE			Change Addition
NAME			6.2 NAME		\	
STREELADDRESS			63 \$1RFF1	112	398AR 1211	
CITY-ST-ZIP [14 Libereliy ce	dify that the information sampled with	It is filing does not availed for the	64 CHY-ST e exemption		tion 119,07(3)(i), Florida Statutes. Hurthor cert	ify that the information
indicated o an officer o	n this annual report or supplemental a r director of the corporation or the red or Block 13 if changed, or on an Ala a	innual report is true and accure eiver or trustee empowered to	ite and that execute this	my signature	shall have the same togal effect as if made unuired by Chapter 607, Florida Statutes; and t	nder oath; that I am hat my name appears