

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

AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 NOV -3 AM 11:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H45318
1. Corporation Name

ROBERT DEMARIA INC.

Principal Place of Business
14218 S.W. 136 ST.
MIAMI, FL. 33186

Mailing Address
14218 S.W. 136 ST.
MIAMI, FL. 33186

3. Date Incorporated or Qualified 3/04/1985	3a. Date of Last Report 1/24/1997
4. FEI Number 59-2507806	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

DEMARIA, ROBERT
10720 SW 146 PLACE
MIAMI, FL. 33186

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DEMARIA, ROBERT	11 TITLE	
NAME	10720 S.W. 146 PLACE	12 NAME	
STREET ADDRESS	MIAMI, FL.	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	V CARL DEMARIA	21 TITLE	ST
NAME	14218 SW 136 ST	22 NAME	CARL DEMARIA
STREET ADDRESS	MIAMI, FL.	23 STREET ADDRESS	14218 SW 136 ST
CITY-ST-ZIP		24 CITY-ST-ZIP	MIAMI, FL.
TITLE	ST ALBERT DEMARIA	31 TITLE	
NAME	11430 SW 114 CT	32 NAME	
STREET ADDRESS	MIAMI, FL.	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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

SIGNATURE: *Robert Demaria* ROBERT DEMARIA

10/30/97 305-232-2806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)