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

DOCUMENT # H45318

ROBERT DEMARIA, INC.

HODEH	DEWN HIN II NO										
Principal Place	e of Business	M	ailing Address				-	11 1641 WI WI		311 818 31 1 89 1	
14218 SW 136TH STREET 14218 SW 136TH STREET							1				
MIAMI FL 33186 MIAMI FL 33186											
							DO NOT WRI	TE IN THIS	SPACE		
							3. Date Incorporated or Qualifed				
							03/04/1985				
Principal Place of Business			ta. Mailing Address				4. FEI Number		Applied For Not Applicable		
21			26				59-2507806				ĺ
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	X	\$8.75 A		
22			City & State								
City & State			¬ ´				6. Election Campaign Financing Trust Fund Contribution	□.	\$5.00 to Added to	•	
Zip Country		28	Zip Cou				This corporation owes the current year Intangible				
-¬ ⁻ '		29	30				Personal Property Tax.				
24 25 2 9 Name and Address of Current Re						10. Name and Address of New Registered Agent					
g. Name and Address of Garrent Rogistalog Agent					П	Name				l	
DEMARIA, ROBERT 10720 SW 146TH PLACE					L	0					
				82	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33186				83							
				-	L			 ,	las Zin C	'ada	l
				84	١ '	City		FL	85 Zip C	ode ·	l
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the obligating Signature, typed or printed name of registered agents.	of Florid tions of	da. Such change was aut , Section 607.0505, Florid	honzed by la Statutes	tn:	e corporation	n's board of directors. I hereby acce	ot the appoir	ntment as rec	gistered	
-	OFFICERS AN			13.	1. 01	inginatoro required	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	ł
12. TITLE	P DELETE			1.1 TITLE			ADDITIONOLO IN TITLE OF BI		Change	Addition	ļ
NAME	•		1.2 NAME							l	
STREET ADDRESS	40-00 ALL 440-14 DI 405				1.3 STREET ADDRESS						ļ
CITY-ST-ZIP	MIAMI FL			1.4 CITY-S	1						l
TITLE	ST		DELETE	2.1 TITLE					Change	☐ Addition	}
NAME	DEMARIA, CARL			2.2 NAME							
STREET ADDRESS	14218 SW 136 ST			2.3 STREET	T AL	DORESS					
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-S	ST-2	ZIP					ļ
TITLE	1118 011 1		DELETE	3.1 TITLE					Change	☐ Addition	ľ
NAME				3.2 NAME							
STREET ADDRESS	3.3		3.3 STREET	3.3 STREET ADDRESS						Ì	
CITY-ST-ZIP	3.4.		3.4. CITY-S	3.4. CITY-ST-ZIP							
TITLE			☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME	4.		4. 2 NAME	4. 2 NAME							
STREET ADDRESS				4.3 STREE	T AI	DORESS	DRESS				1
CITY-ST-ZIP			4.4 CITY-S	T-2	ZIP					Ì	
TITLE			5.1 TITLE				•	Change	Addition		
NAME			5.2 NAME							1	
STREET ADDRESS				5.3 STREET	ΤAI	DDRESS					

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ING OFFICER OR DIRECTOR

☐ DELETE

305 232.2806

Change

☐ Addition

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90010 021 ***158.75