

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K45561 (3)

1. Corporation Name
DEJENER DEVELOPMENT, INC.

Principal Place of Business

C/O GLINSKY
2655 LE JEUNE ROAD, #1111
CORAL GABLES FL 33134

Mailing Address

C/O GLINSKY
2655 LE JEUNE ROAD, #1111
CORAL GABLES FL 33134-5802

FILED
May 06 1997 8:00am
Secretary of State



2. Principal Place of Business

21 169 EAST FLAGLER ST.

Suite, Apt. #, etc.

22 1518

City & State

23 MIAMI FLORIDA

Zip

24 33131

Country

25 USA

2a. Mailing Address

26 169 EAST FLAGLER Street

Suite, Apt. #, etc.

27 1518

City & State

28 MIAMI FLORIDA

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

11/16/1988

3a. Date of Last Report

01/29/1996

4. FEI Number

65-0470102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

GLINSKY, MICHAEL
2655 LE JEUNE RD., #1111
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

GLINSKY, Michael

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

169 EAST FLAGLER Street #1518

83

84 City

MIAMI

FL

85 Zip Code

33131

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.

MICHAEL GLINSKY

1/29/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GLINSKY, MICHAEL
STREET ADDRESS 2655 LE JEUNE RD., #1111
CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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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

1.4 CITY-ST-ZIP

169 EAST FLAGLER Street #1518
MIAMI FLORIDA 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 MICHAEL GLINSKY 1/29/97

CR2E034 (9/96)