FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:40

DOCUMENT # **K95781** **(6)**

1. Corporation Name
DEMAX, INC.

Principal Place of Business	Mailing Address
6315 N. US HIGHWAY 1 FT. PIERCE FL 34946	6315 N. US HIGHWAY 1 FT. PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/15/1989**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22 / 27:
City & State — 23 / 28:
Zip — 24 / County — 25 / Zip — 29 / County — 30:

4. FEI Number: **65-0161658** ☐ 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 has assets for filing tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MANTALIS, GEORGE
5111 PALEO PINES CIRCLE
FT. PIERCE FL 33451

10. Name and Address of New Registered Agent

81 Name: ALEX N. GRIEF
82 Street Address (P.O. Box Number is Not Acceptable): C/O USA GROCERS
83: 1701 SW 12th Avenue
84 City: BOCA RATON FL 85 Zip Code: 33486

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: ALEX N. GRIEF — 5/16/95
(Signature, typed or printed name of registered agent and title if applicable) (Date) (Signature required when necessary)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME MANTALIS, GEORGE STREET ADDRESS 6317 BEACONWOOD ROAD CITY ST ZIP LAKE WORTH FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP
TITLE ST NAME MANTALIS, MICHAEL STREET ADDRESS 5111 PALEO PINES CIRCLE CITY ST ZIP FT. PIERCE FL	21 TITLE P, TR, D, etc. AFM NURUL MOMEN ☒ Change ☐ Addition 22 NAME 23 STREET ADDRESS 1701 SW 12th Ave BOCA RATON 24 CITY ST ZIP FLA 33486
TITLE NAME STREET ADDRESS CITY ST ZIP	31 TITLE Sec. D, etc. ALI M. JAFERI (S) ☒ Change ☒ Addition 32 NAME 33 STREET ADDRESS 1701 SW 12th Avenue 34 CITY ST ZIP BOCA RATON FL 33486
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added to an attachment with an address.

SIGNATURE: ALI M. JAFERI — 5/16/95 — 407/392 6450
(Signature and typed or printed name of individual with authority to sign) (Date) (Area Code & Daytime Phone Number)

000231B CP