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

APPROVED AND FILED
95 MAY -1 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L69939 (1)

1. Corporation Name

DERIRI OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% ROSA RIVERA 9012-G WEDGEWOOD PL WEST MELBOURNE FL 32904	% ROSA RIVERA 9012-G WEDGEWOOD PL WEST MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Deriri Of Fla. Inc	26 Deriri Of Fla., Inc.
Suite, Apt. #, etc. 22 3525 Hammock Trail	Suite, Apt. #, etc. 27 3525 Hammock Trail
City & State 23 Melbourne, Florida	City & State 28 Melbourne, Florida
Zip 24 32934 / Country 25 USA	Zip 29 32934 / Country 30 USA

3. Date Incorporated or Qualified: 05/01/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3009390 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RIVERA, ROSA
9012-G WEDGEWOOD PL
WEST MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name: Rosa H. Rivera
82 Street Address (P.O. Box Number is Not Acceptable): 3525 Hammock Trail
83
84 City: Melbourne FL 85 Zip Code: 32934

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	PD ☐ Change ☐ Addition
NAME	DELLA TORRE, MARIO	1 NAME	Della Torre, Mario
STREET ADDRESS	9012 G WEDGEWOOD PL.	1 STREET ADDRESS	3525 Hammock Trail
CITY-ST-ZIP	WEST MELBOURNE FL	1 CITY-ST-ZIP	Melbourne, Fla. 32934
TITLE	VS	2 TITLE	VS ☐ Change ☐ Addition
NAME	RIVERA, ROSA H	2 NAME	Rosa H. Rivera
STREET ADDRESS	9012 G WEDGEWOOD PL.	2 STREET ADDRESS	3525 Hammock Trail
CITY-ST-ZIP	WEST MELBOURNE FL	2 CITY-ST-ZIP	Melbourne, Fla. 32934
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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 the 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: Rosa H. Rivera [signature] 4/20/95 407-255-7175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087351 CP