

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

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L92785 (9)  
1. Corporation Name  
DEMAR ENTERPRISES ACCOUNTING SERVICES, INC.



Principal Place of Business 1550 W. 84 STREET SUITE 77 HIALEAH FL 33014 US	Mailing Address 1550 W 84 STREET SUITE 77 HIALEAH FL 33014 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/10/1990	
21		26		4. FEI Number 65-0211985	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

MARTINEZ, RAFAEL R.  
7845 W 4 LN  
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81	Name	RAFAEL R. MARTINEZ
82	Street Address (P.O. Box Number is Not Acceptable)	20041 NW 62 CT.
83		MIAMI, FL 33015
84	City	FL
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



(NOTE: Registered Agent signature required when reinstating)

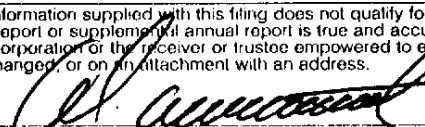
3/19/98

FL

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	RAFAEL R. MARTINEZ - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, RAFAEL R.	1.2 NAME	
STREET ADDRESS	7845 W 4 LN	1.3 STREET ADDRESS	20041 NW 62 CT.
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	MIAMI, FL 33015
TITLE	D	2.1 TITLE	DAISY MARTINEZ - VP. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, DAISY A.	2.2 NAME	
STREET ADDRESS	7845 W 4 LN	2.3 STREET ADDRESS	20041 NW 62 CT.
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	MIAMI, FL 33015
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:



3/19/98

305-VVB-4947

CR2E034 (10/97)