Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90002 043 ***150.00

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 # **L92785**

1. Corporation Name

DEMAR ENTERPRISES ACCOUNTING SERVICES, INC.

D E IVW II I									
Principal Place of Business Mailing Address						1 10011011 10110 110110 110111 10001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1550 W. 84 STI	REET	1550 W 84 STREET			l				
SUITE 77 SUITE 77						DO NOT WO	TE IN TUIC :	PDACE	
HIALEAH FL 33014 HIALEAH FL 33014						DO NOT WRI	TE IN THIS	SPACE	
US		US				 Date Incorporated or Qualifed 08/10/1990 			
Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21		<u></u>			65-0211985			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			5 Additional
22 27						3. Octabate of Clares Decision		Fee	Required
City & State	е	City & State			'	6.~ Election Campaign Financing	Π̈		0 May Be
23						Trust Fund Contribution Added to Fees			d to Fees
Zip				•		This corporation owes the curr	rent year Inta		
24	25	29 30	0			Personal Property Tax.		☐ Yes	□No □
	9. Name and Address of Current	Registered Agent		Τ.		10. Name and Address of New I	Registered A	lgent	
CAN	DELADIO DAIOVA		81	١,	Name]
CANDELARIO, DAISY A 20041 NW 62 CT			82 Street Addr			ss (P.O. Box Number is Not Accept	able)	,	
MIAN	AI FL 33015		83						
			84	C	City	,	FL	85 Z	ip 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									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	nt sig	anature required v	when reinstating)	DATÉ		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE					Chang	ge 🗀 Addition
NAMÉ	CANDELARIO, DAISY A		1.2 NAME						
STREET ADDRESS			1.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP						
TITLE	☐ DELETE 2.1 TI		2.1 TITLE	2.1 TITLE				☐ Chanç	ge 🗌 Addition
NAME	2.2 N		2.2 NAME		Ì				Ì
STREET ADDRESS			2.3 STREE	TAD	ORESS				
CITY-ST-ZIP			2.4 CITY-5	ST-Z	IP .				
TITLE	☐ DELETE 3.11		3.1 TITLE	3.1 TITLE				Chang	ge DAddition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	TAD	ORESS				
CITY-ST-ZIP			3.4. CITY-S	ST-Z	JP				
TITLE		☐ DELETE	4.1 TITLE					☐ Chan	ge 🗌 Addition
NAME			4. 2 NAMÉ						
STREET ADDRESS			4.3 STREET	TAD	DRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZI	IP.				
TITLE		☐ DELETE	5.1 TITLE					Chan	ge 🔲 Addition
NAME			5.2 NAME						ĺ
STREET ADDRESS			5.3 STREE	TAD	DRESS				}
CITY-ST-ZIP			5.4 CITY-S	ST-ZI	P				
TITLE		☐ DELETE	6.1 TITLE					Chan	ge ☐ Addition
NAME			6.2 NAME						
OTDEET ADDDECC			6.3 STREET	TAD	ORESS !				

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 chapped, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE