**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 APR 26 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M34973** **(1)**

1. Corporation Name
**DPH CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O DOMINGO PANDO<br>5690 WEST 20TH AVENUE<br>HIALEAH FL 33016 | C/O DOMINGO PANDO<br>5690 WEST 20TH AVENUE<br>HIALEAH FL 33016 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/10/1986**
3a. Date of Last Report: **04/28/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 DOMINGO PANDO | 26 DOMINGO PANDO |
| Suite, Apt. #, etc.<br>22 16969 N.W. 67th AVE. #200 | Suite, Apt. #, etc.<br>27 16969 N.W. 67th. AVE. #200 |
| City & State<br>23 MIAMI, FL | City & State<br>28 MIAMI, FL |
| Zip / Country<br>24 33015 / 25 USA | Zip / Country<br>29 33015 / 30 USA |

4. FEI Number: **59-2692530** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MIMI CORPORATE SYSTEMS<br>5200 BLUE LAGOON DR, STE 700<br>MIAMI FL 33126 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DPS | 1.1 TITLE | DPS | ☒ Change ☐ Addition |
| NAME | PANDO, DOMINGO | 1.2 NAME | PANDO, DOMINGO | |
| STREET ADDRESS | 5690 WEST 20TH AVENUE | 1.3 STREET ADDRESS | 16969 N.W. 67th AVE. #200 | |
| CITY-ST-ZIP | HIALEAH FL | 1.4 CITY-ST-ZIP | MIAMI, FL. 33015 | |
| TITLE | VP | 2.1 TITLE | VP | ☒ Change ☐ Addition |
| NAME | PANDO, EMILIO | 2.2 NAME | PANDO, EMILIO | |
| STREET ADDRESS | 5690 WEST 20TH AVENUE | 2.3 STREET ADDRESS | 16969 N.W. 67th. AVE. #200 | |
| CITY-ST-ZIP | HIALEAH FL | 2.4 CITY-ST-ZIP | MIAMI, FL. 33015 | |
| TITLE | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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 on an attachment with an address.

**SIGNATURE:** Domingo Pando 04/21/95 (305) 362-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000730B CP