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Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **M44152** **(0)**

1. Corporation Name
DEREMO, INC.

Principal Place of Business
% STEPHEN A. FREEMAN
1395 SOUTH STATE ROAD 7. STE 207
N. LAUDERDALE FL 33068

Mailing Address
% STEPHEN A. FREEMAN
1395 SOUTH STATE ROAD 7. STE 207
N. LAUDERDALE FL 33068-4023

3. Date incorporated or Qualified: **12/31/1986**

3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 c/o Brenner Real Estate
Suite, Apt. #, etc.
22 3195 N. Powerline Rd. Suite 104
City & State
23 Pompano Bch, Fl
Zip 24 33069 Country 25 USA

2a. Mailing Address
26 3195 N. Powerline Road
Suite, Apt. #, etc.
27 Suite 104'
City & State
28 Pompano Beach, Fl
Zip 29 33069 Country 30 USA

4. FEI Number **59-2771804** ☐ 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

BRENNER, SCOTT
3195 N POWERLINE ROAD #104
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**DP**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	**MICHA, ALBERTO**		1.2 NAME		
STREET ADDRESS	**520 BRICKELL KEY DR #305**		1.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL**		1.4 CITY-ST-ZIP		
TITLE	**DVP**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	**MICHA, MOISES**		2.2 NAME		
STREET ADDRESS	**520 BRICKELL KEY DR #305**		2.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL**		2.4 CITY-ST-ZIP		
TITLE	**S**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**MICHA, DAVID**		3.2 NAME		
STREET ADDRESS	**520 BRICKELL KEY DR #305**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**MIAMI FL**		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] HY HOROWITZ Agent for Owner 3/18/97 954/973 8868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #