

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M90554

(0)

1. Corporation Name

D.F.S. CONSOLIDATORS, INC.

Principal Place of Business

% MARIA E. PALACIO
532 20TH ST
HIALEAH FL 33010

Mailing Address

% MARIA E. PALACIO
532 20TH ST
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/21/1988

3a. Date of Last Report
01/24/1994

4. FBI Number
65-0071577

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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc.

27. State Apt. # etc.

22. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALACIO, MARIA E.
532 WEST 20 STREET
HIALEAH FL 33010

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 607.0501 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer, Director, or Secretary)

(Signature of Registered Agent or Officer, Director, or Secretary)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	D
NAME	PALACIO, MARIA E.
STREET ADDRESS	532 W 20 ST
CITY & STATE	HIALEAH FL
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.032, 190.033, Florida Statutes. I further certify that the information indicated on this annual report or consolidated annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation on the day prior to the filing of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of this document or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER, DIRECTOR

MARIA E. PALACIO

1-10-95

885-3535