

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:33

DOCUMENT # P93000044347 (1)

1. Corporation Name

D.J. & SONS INTERNATIONAL CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**511 E 40TH STREET
HIALEAH FL 33013**

Mailing Address

**511 E 40TH STREET
HIALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1993

3a. Date of Last Report

05/01/1994

4. FCI Number

65-0390102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

City & State

23

State, Apt. #, etc.

27

City & State

28

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

**LEIVA, DAVID E
511 E 40TH STREET
HIALEAH FL 33013**

10. Name and Address of Now 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 607.0542 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Required if agent is being changed)

Signature of Now Registered Agent (Required if agent is being changed)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101	P
NAME	LEIVA, DAVID E
STREET ADDRESS	511 E 40TH STREET
CITY, ST, ZIP	HIALEAH FL 33013
101	V
NAME	LEIVA, MARTHA J
STREET ADDRESS	511 E 40TH STREET
CITY, ST, ZIP	HIALEAH FL 33013
101	S
NAME	LEIVA, DAVID E
STREET ADDRESS	511 E 40TH STREET
CITY, ST, ZIP	HIALEAH FL 33013
101	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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NAME	
STREET ADDRESS	
CITY, ST, ZIP	
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NAME	
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CITY, ST, ZIP	

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information included 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 incorporator or organizer of the corporation or have been empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1 (if changed) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.95 (305) 693-8740