

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 23 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061599 (5)

1. Corporation Name

DEMARC CORPORATION

Principal Place of Business

8201 NW 64TH ST #3
MIAMI FL 33166

Mailing Address

8201 NW 64TH ST #3
MIAMI FL 33166

800001436108

-03/22/95--01041--005

****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1993

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0433222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DA SILVEIRA DIAS, JOSE H
6740 HARDING AVE #16
MIAMI BEACH FL 33141-5724

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 607.0503, Florida Statutes.

SIGNATURE

Jose H. da Silva Dias

Signature of and printed name of registered agent (not to be affixed)

Feb 17, 1995

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME DE SA LEITAO DIAS, HELVIO
STREET ADDRESS R ALM SEDOCK DE SA 10 AP 704 IPANEMA
CITY- ST- ZIP RIO DE JANEIRO RJ

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE DST
NAME ANCIAES, LUIS CARLOS C
STREET ADDRESS R SACOPA 150 AP 501 HUMAITA
CITY- ST- ZIP RIO DE JANEIRO RJ

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

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 190.03, 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 447, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an affidavit.

SIGNATURE:

Jose H. da Silva Dias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/95

(305) 373-6211