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

PROFIT CORPORATION ANNUAL REPORT

1006



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1330	WE 130			
	MENT # <b>P930</b>	00064128 (0	)		
1. Corporation	da international tra	DE MART, INC.	•		
Principal Place of Business		Mailing Address			#11
888 SE 3RD AVE		888 SE 3RD AVE			
SUITE 501 FT LAUDERDALE FL 33316		SUITE 501 FT LAUDERDALE FL 33316			
				3. Date Incorporated or Qualified 09/15/1993	i 3a. Date of Last Report 04/27/1995
2. Principa! Place of Business		2a. Mailing Address		4. FEI Number 65-0442456	Applied For
Suite, Apt. #, etc.		26   Suite, Apt. #, etc.		\$9.75	
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country		or intangible tax under s 199 032,
24	9. Name and Address of Cui	29	30		es X No
	g, Rame and Address of Cui	Tent negistered Agent	81 Name	10. Name and Address of New	Hegistered Agent
DODTI EV DETED A				Ireland, R. Scott	
2401 ATLANTIC BLVD POMPANO BEACH FL 33062				Address (P.O. Box Number is Not Acceptable) 12000 Biscayne Blvd.	
			83	Suite 810	
			BA CPV		
			' 1	Niami	FL     FL
11. Pursuado or registe	o the Povisions of Sections 607,0 ed agent, or both, in the State of F	502 and 607.1508, Florida Statute Torida⊿Such char <b>xl</b> e was authorize	s, the above named co d by the corporation's	rporation submits this statement for the p board of directors. I hereby accept the ap	urpose of changing its registered office
familiar w	th, and accept the obligations of S	Section 607.0505, Florida Statutes.	arry i w composition of	book of an edicate Thereby accept the up	point nott as registered agent. Fam
SIGNATURE	Styriature, typical or printed has relatinely dened a	nem and the flacule area. INCO	E. Hogestere I April 1 signature re	oranged where provide ones.	CIATÉ
12.		AND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TITLE	D	<b>KR</b> JELETE	1 1 TITLE	The state of the s	☐ Change ☐ Addition
NAME	TOPMAN M A		1.2 NAME		
STREET ADDRESS	THE SECOND STREET	<del>01</del>	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	*FT LAUDERDALE FL 3331	DELETE	1.4 C-IY-SI-Z-P	P	CT Change STP 4 277
NAME		occen	2 1 TITLE 22 NAME	•	Change 🔀 Addition
STREET ADDRESS			2 3 STREET ADDRESS	Ireland, Thomas K	
CITY - S! - 7IP			2 4 CITY - ST - ZIP	12000 Biscayne B1 Miami, FL 33181	va.,#810
TITLE		☐ DELETE	3 1 T-TLE	WTP	[ Observe PR 4 delates
NAME			3.2 NAME	freland, R. Scott 12000 Biscayne B1	vd., #810
STREET ADDRESS			3.3 STREET ADDRESS	Miami, FL 33181	, , , , , , , , , , , , , , , , , , , ,
CITY - ST - ZIP		FT course	3 4 CITY - ST - ZIP	/	
TITLE		☐ DELETE	4 1 TITLE V	S Troland Lou	Change 🔼 Addition
NAME STREET ADDRESS			4.2 NAME	Ireland, Lou 12000 Biscayne B1	vd., #810
CITY-SI-ZIP			4.3 STREET ADDRESS	Miami, FL 33181	Va., #810
TITLE		☐ DELETE	4.4.CITY - ST - ZIP 5.1.TITLE	11141117 111 33101	Change Addition
NAME		<del></del>	5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	fra fra construction on the same	
CITY-ST-ZIF			5.4 CITY - \$1 - ZIP	8000018 -04/29/96 - 03	
TITLE		☐ DELETE	6 1 TITLE	-04/29/96-03 ***200.00	Change Addition
NAME			6.2 NAME	<u> ምም</u> ችፎህህ , UU	>~ ~ ~
STREET ADDRESS			6.3 STREET ADDRESS		~ U.29
CITY ST 7/6			E CAPUA CT TIO		d.

14. If 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)(k), 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 logal effect as if made under oath, that I am an officer or director of this proportion or the proposed 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 all amount with an affiress.

SIGNATURE:

NO TYPEDOR PROTECTION AND OFFICER OR DIRECTOR

4/10/96

305 891 6806

CR2E034 (12/95)