FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:51

DOCUMENT # **P94000017620 (3)**

1. Corporation Name
DEVARK, INC.

Principal Place of Business	Mailing Address
701 BRICKELL AVE. SUITE 1400 MIAMI FL 33131	701 BRICKELL AVE. SUITE 1400 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report:

4. FEI Number: 65-0477431 — Applied For / Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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

STOSIK, VICTOR L
701 BRICKELL AVE.
SUITE 1400
MIAMI FL 33131

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	COURTELIS, ALEC P
STREET ADDRESS	701 BRICKELL AVE #1400
CITY ST ZIP	MIAMI FL 33131-2822
TITLE	~~D~~
NAME	~~PITTSELIS, W D~~
STREET ADDRESS	~~701 BRICKELL AVE #1400~~
CITY ST ZIP	~~MIAMI FL 33131-2822~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY ST ZIP		
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	Pitts, W. D.	
2.3 STREET ADDRESS	701 Brickell Avenue, #1400	
2.4 CITY ST ZIP	Miami, FL 33055	
3.1 TITLE	VP	☐ Change ☒ Addition
3.2 NAME	Vassilaros, Elias	
3.3 STREET ADDRESS	701 Brickell Avenue, #1400	
3.4 CITY ST ZIP	Miami, FL 33055	
4.1 TITLE	S	☐ Change ☒ Addition
4.2 NAME	Kurpa, James	
4.3 STREET ADDRESS	701 Brickell Avenue, #1400	
4.4 CITY ST ZIP	Miami, FL 33055	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY ST ZIP		

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 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: W. Douglas Pitts — 1/11/95 — 305-379-8467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

0120560 CP