

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 10:45

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000039138 (0)

1. Corporation Name

DEMAREX INTERNATIONAL CORP.

Principal Place of Business

**1500 SAN REMO AVE., STE. 239
CORAL GABLES FL 33146**

Mailing Address

**1500 SAN REMO AVE., STE. 239
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0496668

Applied For

☐ Not Applicable

Suite, Apt. #, etc.
22 Suite 245

Suite, Apt. #, etc.
27 Suite 245

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

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

23

28

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

☐ Yes

☒ No

24

Country

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUGHEY, BONNIE J
% BLEASE, LLOYD & COMPANY
1500 SAN REMO AVE., STE. 239
CORAL GABLES FL 33146**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
MARGERIE, MONICA
1500 SAN REMO AVE., STE. 239
CORAL GABLES FL 33146**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition
Suite 245

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

☐ Change ☒ Addition
**P/S/T
Margerie, Monica
1500 San Remo Avenue, Suite 245
Coral Gables, Florida 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

☐ Change ☒ Addition
**V
Margerie, Carlos
1500 San Remo Avenue, Suite 245
Coral Gables, Florida 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

☐ Change ☒ Addition
**V
Hughey, Bonnie J.
1500 San Remo Avenue, Suite 239
Coral Gables, Florida 33146**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 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:

Bonnie J. Hughey
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR
Vice President

April 24, 1995 (305) 666-0000