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

APPROVED AND FILED

95 MAY -1 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041386 (1)**

1. Corporation Name
DEKOM, INC.

Principal Place of Business	Mailing Address
11430 NORTH KENDALL DRIVE SUITE 210 MIAMI FL 33176	11430 NORTH KENDALL DRIVE SUITE 210 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2330 NW 102 AV.	26 2330 NW 102 AV.
Suite, Apt. #, etc. 22 BAIL #1	Suite, Apt. #, etc. 27 BAIL #1
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33172 / 25 USA	Zip / Country 29 33172 / 30 U.S.A.

4. FEI Number: 65-0501096 ☐ Applied For ☐ Not Applicable

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	10. Name and Address of New Registered Agent
CASTRO, CARLOS A 1001 S BAYSHORE DRIVE SUITE 2410 MIAMI FL 33131	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: _____ (NOTE: Registered Agent signature required when changing) DATE: 3/14/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President	☒ Change ☐ Addition
NAME	VICENTINI, ALFREDO B	12 NAME	Alfredo Bello	
STREET ADDRESS	24 KIPPY DR.	13 STREET ADDRESS	24 Kippy Dr.	
CITY-ST-ZIP	WABAN MA 02168	14 CITY-ST-ZIP	WABAN MA 02168	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	MARTINEZ, MIRIAM	22 NAME	RICARDO DELGADO	
STREET ADDRESS	9021 S.W. 122 AVE., APT 107	23 STREET ADDRESS	8216 SW. 81 Terr.	
CITY-ST-ZIP	MIAMI FL 33186	24 CITY-ST-ZIP	MIAMI, FL. 33143	
TITLE	SD	31 TITLE	SD	☐ Change ☐ Addition
NAME	MARQUEZ, SONIA	32 NAME	MARQUEZ SONIA	
STREET ADDRESS	AV. ALEJANDRO JIMENEZ NORTE NO. 126-14-154	33 STREET ADDRESS	AV. ALEJANDRO JIMENEZ NORTE No 126-4-154	
CITY-ST-ZIP	EDO. ARAGUA, VENEZUELA	34 CITY-ST-ZIP	ARAGUA, VENEZUELA	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	SOLER, JUAN A	42 NAME	NORMA CLORALT	
STREET ADDRESS	867 GARNET CIRCLE	43 STREET ADDRESS	6 AV. ALTAMIRA ENTRE 5ª Y 6ª. QTA. JOSE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33326	44 CITY-ST-ZIP	CARACAS VENEZUELA.	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 attached sheet with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RICARDO DELGADO - VICE PRESIDENT

Date: 3/28/95

Daytime Phone #: (305) 595-4597

0103803 CP