

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000041386 (1)

1. Corporation Name

DEKOM, INC.



Principal Place of Business

Mailing Address

2330 NW 102 AVE
BAIL #1
MIAMI FL 33172
US

2330 NW 102 AVE
BAIL #1
MIAMI FL 33172
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

05/01/1995

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

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

10. Name and Address of New Registered Agent

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	P	<input type="checkbox"/> DELETE
NAME	ALFREDO BELLO	
STREET ADDRESS	24 KIPPY DR.	
CITY - ST - ZIP	WABAN MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RICARDO DELEADO	
STREET ADDRESS	8216 SW 81 TERR	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARQUEZ, SONIA	
STREET ADDRESS	AV. ALEJANDRO JIMENEZ NORTE NO. 126-14-154	
CITY - ST - ZIP	ARAGUA VE	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NORMA CLOAZI Cloratt	
STREET ADDRESS	E. AV. ALTANIRA ENTRE 5-YE-QTA-JOSE	
CITY - ST - ZIP	CARACAS VE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alfredo Bello	
1.3 STREET ADDRESS	6915 Moss Boulder Dr.	
1.4 CITY - ST - ZIP	Houston - Texas - 77084	
2.1 TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Norma Cloratt	
2.3 STREET ADDRESS	La Casona-Corinsa	
2.4 CITY - ST - ZIP	Cagua - Venezuela	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sonia Márquez	
3.3 STREET ADDRESS	Av. 5 de julio-Los Carmenes.	
3.4 CITY - ST - ZIP	Cagua-Venezuela	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Edgar Rodríguez	
4.3 STREET ADDRESS	Corinsa-Jiménez Sur-No Q-29	
4.4 CITY - ST - ZIP	Cagua-Venezuela	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Alfredo Bello

April 12, 96

(713) 466 0072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)