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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
2330 NW 102 AVE  
BAIL #1  
MIAMI FL 33172  
US

Mailing Address  
2330 NW 102 AVE  
BAIL #1  
MIAMI FL 33172-2224  
US

3. Date Incorporated or Qualified 05/31/1994  
3a. Date of Last Report 04/19/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CASTRO, CARLOS A  
1001 S BAYSHORE DRIVE  
SUITE 2410  
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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re/instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME ALFREDO BELLO  
STREET ADDRESS 6915 MOSS BOULDER DR.  
CITY-ST-ZIP HOUSTON TE

TITLE VD ☒ DELETE  
NAME RICARDO DELEADO  
STREET ADDRESS 8216 SW 81 TERR  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE  
NAME MARQUEZ, SONIA  
STREET ADDRESS AV. 5 DE JULIO-LOS CARMENES  
CITY-ST-ZIP CAGUA VE

TITLE TD ☒ DELETE  
NAME NORMA CLORATT  
STREET ADDRESS E. AV. ALTANIRA ENTRE 5-YE-QTA-JOSE  
CITY-ST-ZIP CARACAS VE

TITLE VP ☒ DELETE  
NAME NORMA CLORALT  
STREET ADDRESS LA CASONA-CORINSA  
CITY-ST-ZIP CAGUA VE

TITLE T ☐ DELETE  
NAME EDGAR RODRIGUEZ  
STREET ADDRESS CORINSA JIMENEZ SUR MO 0-29  
CITY-ST-ZIP CAGUA VE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ALFREDO BELLO ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME NORMA CLORALT  
2.3 STREET ADDRESS AV Altanira 8  
2.4 CITY-ST-ZIP #27 Caracas Venezuela

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/2/97

592041

CR2E034 (9/96)