

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1994

4. FEI Number

65-0501096

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE VD
NAME RICARDO DELEADO
STREET ADDRESS 8218 SW 81 TERR
CITY-ST-ZIP MIAMI FL

2.1 TITLE VP
2.2 NAME NORMA CLORALT
2.3 STREET ADDRESS 67A AV. ALTAMIRA # 27.
2.4 CITY-ST-ZIP CARACAS - VENEZUELA.

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 on an attached sheet with an address.

SIGNATURE:

SONIA MARQUEZ. 02/19/98. (305) 5922041

CR2E034 (10/97)