

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 # **P94000055629 (7)**

1. Corporation Name:

DE MORDO & ASSOCIATES, INC.



Principal Place of Business

**15431 SW 14 STREET
SUNRISE FL 33326
US**

Mailing Address

**15431 SW 14 STREET
SUNRISE FL 33326
US**

3. Date Incorporated or Qualified
07/27/1994

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 1125 SE 4 Ave

26 P.O. Box 22885

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ft Lauderdale, FL

28 Ft Lauderdale FL

Zip

Country

Zip

Country

24 33335

25

29 33335

30

4. FEI Number
65-0514070

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

**DE MORDO, RAFAEL
15431 W 14 STREET
SUNRISE FL 33326**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1125 SE 4 Ave

83

84 City

Ft Lauderdale

FL

85 Zip Code

33335

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. For officers, directors, agents and authorized officers.

Signature typed or printed. For registered agent or registered agent in charge.

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE
NAME **DE MORDO, RAFAEL**
STREET ADDRESS **1435 NIMAI RD**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1125 SE 4 Ave**
1.4 CITY-ST-ZIP **Ft Lauderdale, FL 33335**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 **300001843788**
5.4 CITY-ST-ZIP **-05/30/96--01014--036**
*****200.00**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, Time, Month, Year

CR2E034 (12/95)