FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible]00

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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTM[illegible]F STATE
Sandra B. M[illegible]n
Secretary o
DIVISION OF COR[illegible]TIONS

DOCUMENT # **P94000066770 (6)**

1. Corporation Name
DEMAR INVESTMENTS, INC.

Principal Place of Business	Mailing Address
409 S.W. 169TH TERRACE FT. LAUDERDALE FL 33326	409 S.W. 169TH TERRACE FT. LAUDERDALE FL 33326-153[illegible]

3. Date Incorporated or Qualified: **09/06/1994**
3a. Date of Last Report: **06/25/1996**

4. FEI Number: **65-0577561** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip 29 30

9. Name and Address of Current Registered Agent

DE LA TORRIENTE, COSME ESQ
717 PONCE DE LEON BLVD # 337
SUITE 1040
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	☐ Change ☐ Addition
NAME	DE LEON, MYRIAM R		
STREET ADDRESS	409 S.W. 169TH TERRACE		
CITY-ST-ZIP	FT. LAUDERDALE FL 33326		
TITLE	SD	☐ DELETE	☐ Change ☐ Addition
NAME	EGANO, LUIS R.M.		
STREET ADDRESS	409 SW 169TH TERRACE		
CITY-ST-ZIP	FT LAUDERDALE FL		
TITLE	VD	☐ DELETE	☐ Change ☐ Addition
NAME	MARTINEZ, ADRIANA		
STREET ADDRESS	409 SW 169TH TERR		
CITY-ST-ZIP	FT LAUDERDALE FL 33326		
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: [illegible] President 4/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0296202