

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071138**

1. Corporation Name
DIMOS SUBS INC

500001485185

-05/12/95--01016--022

******200.00 ****200.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

7-26-94

4. FEI Number

Applied For

65-0523711

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. 193.032,
Florida Statutes ☒ 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. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gus Lorcham
440 E. Sample Rd. Suite 209
Lompasa Beach, FL 33064

81. Name

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

83. City

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 must be printed name of registered agent and the 4 applicable

(E) (F) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
62. NAME
63. STREET ADDRESS
64. 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature From #

4/19/95

1-407-641-3999