

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:28**

DOCUMENT # P94000074943 (9)

1. Corporation Name

D.I.M. - M.L., INC.

Principal Place of Business

**9340 N.W. 17TH ST.
PLANTATION FL 33323**

Mailing Address

**9340 N.W. 17TH ST.
PLANTATION FL 33323**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1994

3a. Date of Last Report

4. FEI Number

65-0539113

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32801**

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 agent or person named as registered agent and the corporation

8001 Registered Agent (signature required) when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
COHEN, SHIMON
9340 N.W. 17TH ST.
PLANTATION FL 33323**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
COHEN, NELLIE
9340 N.W. 17TH ST.
PLANTATION FL 33323**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15

16 TITLE

17 NAME

18 STREET ADDRESS

19 CITY ST ZIP

20

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

25

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY ST ZIP

30

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

35

36 TITLE

37 NAME

38 STREET ADDRESS

39 CITY ST ZIP

40

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 registered or licensed professional or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an addition thereto with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIMON COHEN

3/24/95

305-741-0711