

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000090568 (4)

1. Corporation Name

DE-KARON CORPORATION

**APPROVED
AND
FILED**

95 APR 24 PM 3:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**540 NW 114 AVE
MIAMI FL 33172**

Mailing Address

**540 NW 114 AVE
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1715 S.W. 85th Avenue
Suite, Apt. #, etc.

26 1715 S.W. 85th. Avenue
Suite, Apt. #, etc.

4. FEI Number

74-2208387

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

22

27

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33155

25

Date

29

33155

30

Date

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IMMER, JOHN G
201 S BISCAYNE BLVD SUITE 2400
% KELLEY DRYE & WARREN
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 reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.
TITLE **D**
NAME **CARRODEGUAS, MARTA**
STREET ADDRESS **540 NW 114 AVE**
CITY - ST - ZIP **MIAMI FL 33172**

1. TITLE **President and Director** ☐ Change ☒ Addition
1.2 NAME **Carrodegua, Marta**
1.3 STREET ADDRESS **1715 S.W. 85th. Avenue**
1.4 CITY - ST - ZIP **Miami, Florida 33155**

12.
TITLE **D**
NAME **CARRODEGUAS, VINCENT**
STREET ADDRESS **540 NW 114 AVE**
CITY - ST - ZIP **MIAMI FL 33172**

2. TITLE **Secretary and Director** ☐ Change ☒ Addition
2.2 NAME **Carrodegua, Vincent**
2.3 STREET ADDRESS **1715 S.W. 85th Avenue**
2.4 CITY - ST - ZIP **Miami, Florida 33155**

12.
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

12.
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

12.
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

12.
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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 of this filing or on an attachment with an address.

SIGNATURE:

Marta Carrodegua

Marta Carrodegua, President

4/01/95

(305) 386-6035

SIGNATURE AND TITLE OF PERSON WHO SIGNED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Telephone Number