

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 # P94000090568 (4)

1. Corporation Name

DE-KARON CORPORATION

Principal Place of Business

1715 SW 85TH AVENUE
MIAMI FL 33155
US

Mailing Address

1715 SW 85TH AVENUE
MIAMI FL 33155
US



3. Date Incorporated or Qualified

12/14/1994

3a. Date of Last Report

04/24/1995

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

2. Principal Place of Business

2a. Mailing Address

21 6039 Collins Ave

26 6039 Collins Ave

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 #1537

27 #1537

City & State

City & State

23 Miami Beach, Florida

28 Miami Beach, FL

Zip

Zip

Country

Country

24 33140

25 US

29 33140

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRODEGUAS, VINCENT
1715 S.W. 85 AVENUE
MIAMI FL 33155

81 Name

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

6039 Collins Ave

83

#1537

84

City Miami Beach

FL

85 Zip Code

33140

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME CARRODEGUAS, MARTA
STREET ADDRESS 540 NW 114 AVE
CITY-STATE-ZIP MIAMI FL 33172

TITLE SD ☐ DELETE

NAME CARRODEGUAS, VINCENT
STREET ADDRESS 1715 SW 85TH AVENUE
CITY-STATE-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME CARRODEGUAS, MARTA
STREET ADDRESS 1715 S W 85TH AVE
CITY-STATE-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)