

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000091507 (1)

For Corporation Name

DAMARK INTERNATIONAL, INC.

**APPROVED
AND
FILED**

COMM. 1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4300 NORTH UNIVERSITY DRIVE
SUITE B-200
FORT LAUDERDALE FL 33351

Mailing Address
4300 NORTH UNIVERSITY DRIVE
SUITE B-200
FORT LAUDERDALE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/20/1994	3a. Date of Last Report N/A
4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Excess Campaign Limits and Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for attingable tax under § 129A(2)(b), Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # etc.	26. State Apt # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**DANIELS, LISA LEONARDO ESQ.
4300 NORTH UNIVERSITY DRIVE
SUITE B-200
FORT LAUDERDALE FL 33351**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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 607.0504, Florida Statutes.

SIGNATURE

(Signature of person who has been appointed as registered agent)

(Signature of registered agent or person who has been appointed as registered agent)

12. OFFICERS AND DIRECTORS

1. NAME	PSTD
2. NAME	DANIELS, LISA LEONARDO
3. STREET ADDRESS	4300 NORTH UNIVERSITY DR., SUITE B-200
4. CITY, ST, ZIP	FORT LAUDERDALE FL 33351
5. NAME	Sylvain, Alfred
6. STREET ADDRESS	
7. CITY, ST, ZIP	
8. NAME	
9. STREET ADDRESS	
10. CITY, ST, ZIP	
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	
18. STREET ADDRESS	
19. CITY, ST, ZIP	

13. AS SET FORTH IN SECTION 12, THE FOLLOWING ARE THE OFFICERS AND DIRECTORS OF THE CORPORATION:

1. TITLE	President - Director - Treasurer	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	VICE President - Director - Secretary	☐ Change ☒ Addition
6. NAME	SYLVAIN, ALFRED	
7. STREET ADDRESS	15 E 18th COURT	
8. CITY, ST, ZIP	Portland Manor New York 10566	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is substantially true and correct and that the information is true and correct and that my signature shall have the same legal effect if made under oath. I am an officer or director of this corporation or this report is being prepared by me or by this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an office form with an address.

SIGNATURE:

Lisa A. Daniels - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-95 305-749-0002