

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000050094 (8)

1. Corporation Name

DEMATAS CORPORATION

Principal Place of Business

3810 S.W. 61ST AVE
MIAMI FL 33155

Mailing Address

3810 S.W. 61ST AVE.
MIAMI FL 33155



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

g. Name and Address of Current Registered Agent

DEMATAS, SUSANNE
3810 S.W. 61ST AVE.
MIAMI FL 33155

3. Date Incorporated or Qualified

06/27/1995

3a. Date of Last Report

4. FEI Number

65-0591015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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 607.01(2) and 607.11(2), Florida Statutes, the undersigned do hereby solemnly swear to the truth of the foregoing 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 board of directors of the corporation. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.09(2), Florida Statutes.

SIGNATURE

SIGNATURE OF PRESIDENT OR OFFICER OF CORPORATION

SIGNATURE OF SECRETARY OR OFFICER OF CORPORATION

DATE

12.

TITLE

D

NAME

DEMATAS, SUSANNE

STREET ADDRESS

3810 S.W. 61ST AVENUE

CITY-STATE-ZIP

MIAMI FL 33155

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on the 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 of the corporation, and that my name is printed on the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: X

SUSANNE DEMATAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

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CR2E034 (12/95)