

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000002274

1. Corporation Name
DEKS HOLDING CO., INC.

Principal Place of Business
C/O SOUTH MIAMI PROPERTIES, INC.
13903 NW 67TH AVE SUITE 240
MIAMI LAKES FL 33014

Mailing Address
C/O SOUTH MIAMI PROPERTIES, INC.
13903 NW 67TH AVE SUITE 240
MIAMI LAKES FL 33014

FILED
Mar 13, 1999 8:00 am
Secretary of State

03-13-1999 90002 002 ***450.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

65-0748895

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 18143 NW 66th CT

26 P.O. Box 171383

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HIALEAH, FL

City & State

28 HIALEAH, FL

Zip Country

24 33015 25

Zip Country

29 33017-1383 30

9. Name and Address of Current Registered Agent

RAMIREZ, ARMANDO
13903 NW 67TH AVENUE
SUITE 240
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

84 City

PLANTATION

FL

85 Zip Code

33324

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 *Vicky Goldstein*
Signature, typed or printed name of registered agent and title if applicable.

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

2/3/99

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SEILER, SEYMOUR A
STREET ADDRESS 1504 SE LANCEWOOD TERRACE
CITY-ST-ZIP PALM CITY FL 34099 ☐ DELETE

TITLE DS
NAME SEILLER, DOLORES
STREET ADDRESS 1504 SE LANCEWOOD TERRACE
CITY-ST-ZIP PALM CITY FL 34099 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)