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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Salah Min Tanggaran Tanggaran

P97000008927 (0)

DERCO IMPORT EXPORT, INC.

Principal Place of Business Mailing Address 8901 SW 129TH STREET 8901 SW 129TH STREET MIAMI FL 33176 **MIAMI FL 33176** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 25 Personal Property Tax due June 30. 24 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Lopez, Jorge R 5200 BLUE LAGOON DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 600 83 MIAMI FL 33126 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE THILE 1.1 TITLE Change Addition NAME DE RON, JULES 1.2 NAME **8901 SW 129TH STREET** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Addition TITLE Change 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 City-St-Zip

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

3.1 TITLE

4.1 TITLE 4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME Street address

TITLE

TITLE

NAME

03-05-08

FILED

Apr 20 1998 8:00am

Secretary of State

Change

Change

Change

Change

Addition

Addition

Addition

Addition