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

PROFIT
CORPORATION
ANNUAL REPORT

STREET ADDRESS

14. Thereby certify that the information supplied with the filing does not qualify for indicated on this annual report or supplemental annual report is true and focu officer or director of the corporation or the receiver or trusted empowered to eithor to the lock 12 or Block 13 if changes, or on an attachment with an address.

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 01 1998 8:00am

Secretary of State

DOCUMENT # P97000088961 (2)

"DEMO1	rec international, inc.'	•		
Principal Place	e of Business	Mailing Addross		
8500 S.W. 133RD AVE. RD. BLDG. 3. APT. 110 MIAMI FL 33183		8500 S.W. 133RD AVE. RD. BLDG. 3. APT. 110 MIAMI FL 33183		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				10/15/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21 Cuito And	# 440	26		Not Applicable
Suite, Apt.	#, 9 (C.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State	9	Cily & State		6. Election Campaign Financing \$5.00 May Be
23	Ÿ	28		Trust Fund Contribution Added to Fees
Zip	Country	Z(j)	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Properly Tax due June 30. 🗹 Yes 🔲 No
	9. Name and Address of Currer	it Registered Agent		10. Name and Address of New Registered Agent
	va, s idar c		81 Nam	0
8500 S.W. 133RD AVE. RD.			82 Stree	t Address (P.O. Box Number is Not Acceptable)
	OG. 3, APT. 110		83	
MIA	MI FL 33183			
			84 City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607,050	2 and 607,1508, Florida Statu	ites, the above-name	
office or re	egistered agent, or both, in the State	of Horida, Such change was	authorized by the co	d corporation submits this statement for the purpose of changing its registered or poration's board of directors. I hereby accept the appointment as registered
	or racinital with active acceptance range	100013 Ot, GCO0011 GO7,0003, 1	ionda otatoles.	
SIGNATURE	Signature typed or printed name of the stellar against	est and see Lappin able (NC)	It: Hogistered Agent signati	re required when reinstat⊪g) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	AMADOR, JORGE		1.2 NAME	
STREET ADDRESS	3750 S.W. 32ND ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	DELETE	1.4 CITY - S1 - ZIP	Change Addition
TITLE			2.1 TITLE	
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZiP		DELETE	2. 4 CITY - ST - 7IP 3.1 TITLE	Change Addition
NAME		_	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	,
CITY-ST-ZIP			3.4 CITY-S1-7IP	
TITLE		DELETE	4.1 TIPLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CHTY - ST - ZIP	
TITLE		DELETE	5.1 THTLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY - ST - ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition

5.2 NAME

he exemption stated in Section (19.07(3)(i), Florida Statutes. I further certify that the information to and that my signature shall have the same legal effect as if made under oath; that I am an cute this report as required by Chapter 607, Florida Statutes; and that my name appears in