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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **S51919** **(6)**

1. Corporation Name
DEMCO TRADING, INC.

Principal Place of Business	Mailing Address
21693 TOWN PLACE DRIVE BOCA RATON FL 33433	21693 TOWN PLACE DRIVE BOCA RATON FL 33433-3708

3. Date Incorporated or Qualified: 05/08/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 837 S. E. 8TH AVE
Suite, Apt. #, etc
22 SUITE 203
City & State
23 DEERFIELD BEACH.
Zip 24 33441 Country 25 BROWARD

2a. Mailing Address
26 6440 VIA TIERRA DR
Suite, Apt. #, etc
27
City & State
28 BOCA RATON
Zip 29 33433 Country 30 PALM BEACH

4. FEI Number: 65-0260023 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORAIS, DENNIS E.
~~21693 TOWN PLACE DRIVE~~
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: MORAIS, DENNIS E
82 Street Address (P.O. Box Number is Not Acceptable): 6440 VIA TIERRA DRIVE
83
84 City: BOCA RATON FL 85 Zip Code: 33433

11. Pursuant to the provisions of Section 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: DENNIS E. MORAIS PRESIDENT 3-10-97
Signature of the president, Vice-President or Registered Agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORAIS, DENNIS E.		1.2 NAME		
STREET ADDRESS	21693 TOWN PLACE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORAIS, JOYCE		2.2 NAME		
STREET ADDRESS	21693 TOWN PLACE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 added by attachment with an address.

SIGNATURE: DENNIS E. MORAIS 3-10-97 (954)419-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #