

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S57285** (6)

1. Corporation Name

DIMI ENTERPRISES, INC.

96 AUG -7 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**1992 EAST 4TH AVENUE
HIALEAH FL 33010**

Mailing Address

**1992 EAST 4TH AVENUE
HIALEAH FL 33010**

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/03/1991

3a. Date of Last Report

08/03/1995

4. FEI Number

65-0265863

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

10. Name and Address of New Registered Agent

**GARCIA, BETTY
1992 EAST 4TH AVENUE
HIALEAH FL 33010**

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 607.0502 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

Signature typed or printed name of registered agent and of the applicant

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**VSD
GARCIA BETTY
752 WEST 30 ST
HIALEAH FL 33010**

TITLE ☐ DELETE

NAME
**PTD
ARIAS, JOSE A
4264 WEST 7 LN
HIALEAH FL 33010**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

**5000001915249
08/07/96-01045-024
*****225.00 *****225.00**

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

**5000001915249
08/07/96-01045-025
*****8.75 *****8.75**

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

Betty Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alabar
8-7-96**

8/05/96

362-9139

CR2E034 (12/95)