

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S76847** (0)

1. Corporation Name

D.M.E. OF SOUTH FLORIDA INC.



Principal Place of Business

Mailing Address

**7593 NW 8 STREET #3
MIAMI FL 33126
US**

**7593 NW 8 STREET #3
MIAMI FL 33126
US**

3. Date Incorporated or Qualified
08/29/1991

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 **650 Maitland AVE.**

26 **650 Maitland AVE**

4. FEI Number

65-0283923

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

City & State

23 **Altamonte Springs, FL.**

City & State

28 **Altamonte Springs, FL.**

Zip

24 **32701**

Country

25 **USA**

Zip

29 **32701**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALAZAR, NELSON
9975 S.W. 87TH AVE.
MIAMI FL 33176**

81 Name

SALAZAR, Nelson

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

4841 SW 147 PL.

83

84

City **Miami**

FL

85 Zip Code

33185

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 of Officer or Director of Corporation

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SALAZAR, NELSON**
CITY - ST - ZIP **9975 S.W. 87TH AVE
MIAMI FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Mrs.**
1.3 STREET ADDRESS **SALAZAR, Nelson**
1.4 CITY - ST - ZIP **4841 SW 147 PL.
Miami, FL. 33185**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **V.P.**
2.3 STREET ADDRESS **Abdo R. Riera**
2.4 CITY - ST - ZIP **650 Maitland AVE
Altamonte Spr., FL. 32701**

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 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 if changed, or on an attachment with an address.

SIGNATURE:

SALAZAR, NELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96

**(407) 7807
331-65**

CR2E034 (12/95)