FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # S78014 (5)1 Corporation Name DME GROUP, INC. Principal Place of Business Mailing Address 1401 E. 4TH AVE. 1401 E. 4TH AVE. SUITE 101 SHITE 101 HIALEAH FL 33010 HIALEAH FL 33010 3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1991 04/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0291565 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name QUIRANTES, TULIO Street Address (P.O. Box Number is Not Acceptable) 82 1401 E. 4TH AVE. SUITE 102 83 HIALEAH FL 33010 City **B**5 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. Thereby accept the appointment as registered agent. I am with, and accept the obligations of, Section 607.0505. Florida Statutes SIGNATURE Signature, typed or printed harne of regulated agreet air data. Lappicate (NOTE: Registered Agent signature reputed when 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 HTL€ DELETE PTSD 1.11006 Addition Change NAME **QUIRANTES, TULIO** 1.2 NAME 1401 E. 4TH AVE. SUITE 102 STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIF HIALEAH FL 14 CITY-ST-ZIP TITLE DELETE 2 1 T TLF Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4 CITY - ST - ZIP TITLE DELETE 4 1 1171 E 200001823442 Addition NAME 4.2 NAME -05/15/96--01126--038 STREET ADDRESS 4.3 STREET ADORESS. ***200.00 CITY-ST-ZIP 4.4 CiTy - \$1 - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - ST - 7/P TITLE DELETE 6 1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - 7(P 14. Ido 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 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 oath, that I am an officer or director of the corporation or the occiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and but appears in Block 12 or Block 13 if changed, or on an attachment with an address further

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96 (305) 882-8/80

CR2E034 (12/95)