FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S90687 (2)

1. Corporation Name
DEMO-TEC, INC.

Principal Place of Business	Mailing Address
8485 NW 64 ST MIAMI FL 33166	8485 NW 64 ST MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1991
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0374666 ☐ 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

CASPENELLO, RICHARD
8485 N.W. 64TH ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: CASPANELLO, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable): 4200 HAYES ST
83:
84 City: HOLLYWOOD FL 85 Zip Code: 33021

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] RICHARD CASPANELLO 4-28-95
Signature, Typed or Printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/hand delivered) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PDST	☑ Change ☐ Addition
NAME	CASPANELLO, RICHARD	12 NAME	CASPANELLO, RICHARD	
STREET ADDRESS	8485 NW 64 ST	13 STREET ADDRESS	4200 HAYES ST.	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	HOLLYWOOD, FL. 33021	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	PRICE, RODNEY	22 NAME		
STREET ADDRESS	4611 SW 54 TERR.	23 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	24 CITY-ST-ZIP		
TITLE	~~S~~	31 TITLE	V	☑ Change ☐ Addition
NAME	~~LOPEZ, MARIA~~	32 NAME	CASPANELLO, ROBERT	
STREET ADDRESS	~~8107 SW 72 AVE. #108E~~	33 STREET ADDRESS	3644 SW. 22ND ST.	
CITY-ST-ZIP	~~MIAMI FL~~	34 CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: [signature] RICHARD CASPANELLO 4-28-95 (305)591-4161
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0101200 CP