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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:25

DOCUMENT # **S93551** **(7)**

1. Corporation Name
DAVELO CORP.

Principal Place of Business	Mailing Address
3143 NE 163 STR NO MIAMI FL 33160 US	3143 NE 163 STR NO MIAMI FL 33160 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/12/1991**
3a. Date of Last Report: **03/18/1994**

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

4. FEI Number: **65-0305818** ☐ 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

LOPATE, DAVID
3143 N.E. 163RD STREET
NO MIAMI FL 33160

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	LOPATE, DAVID	1.2 NAME		
STREET ADDRESS	3143 NE 163 STR	1.3 STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	KRAMER, JAMES	2.2 NAME		
STREET ADDRESS	4225 PONCE DE LEON BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	KRAMER, TRACY	3.2 NAME		
STREET ADDRESS	4225 PONCE DE LEON BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SIMKOVIC, ZEFF	4.2 NAME		
STREET ADDRESS	4225 PONCE DE LEON BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	MUNACH, DANA	5.2 NAME		
STREET ADDRESS	11828 S.W. 104TH LANE	5.3 STREET ADDRESS	9835 SUNSET DRIVE # 107	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ROEMMELE, PAUL	6.2 NAME		
STREET ADDRESS	10374 W. SAMPLE ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	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)(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 on an attachment with an address.

SIGNATURE: _____ DAVID LOPATE 1/15/95 305 947222P
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172602 CP