

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:17

DOCUMENT # V06189

(7)

1. Corporation Name

DADE BROKERS, INC.

Principal Place of Business
532 WEST 20 STREET
HIALEAH FL 33010

Mailing Address
532 WEST 20 STREET
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
01/14/1992

3a. Date of Last Report
01/24/1994

2. Principal Office of Business

2a. Mailing Address

4. FEI Number
65-0309939

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALACIO, MARIA E.
532 WEST 20 STREET
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 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 Current Registered Agent)

(Signature of New Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1. NAME

PO
PALACIO, MARIA E.
532 WEST 20 STREET
HIALEAH FL

1.1 NAME

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST., ZIP

2. NAME

2.1 NAME

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST., ZIP

3. NAME

3.1 NAME

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST., ZIP

4. NAME

4.1 NAME

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST., ZIP

5. NAME

5.1 NAME

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST., ZIP

6. NAME

6.1 NAME

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the corporation is in compliance with the provisions of the Florida Statutes and that the corporation is in compliance with the provisions of the Florida Statutes. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name is on the list of officers and directors of the corporation.

SIGNATURE:

Maria E. Palacio
HIALEAH AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA E. PALACIO

1-10-95

885-3530