

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V18033

(3)

1. Corporation Name

DERECK TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

1 EAST BROWARD BLVD
STE 608
FT LAUDERDALE FL 33301
US

151 MAJORCA AVE - STE. C
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/28/1992

3a. Date of Last Report

04/28/1994

4. FEI Number

65-0342790

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. 109.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1825 Ponce de Leon Blvd

2b 1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 132

27 # 132

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip

Country

Zip

Country

24 33134

25 USA

29 33134

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRATS, GABRIEL
151 MAJORCA AVE.
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and the 4 applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CPSD
NAME LEVINSON, ADRIAN RICARDO
STREET ADDRESS 151 MAJORCA AVE.-STE. C
CITY- ST- ZIP CORAL GABLES FL

1 1 TITLE PSD
12 NAME ADRIAN RICARDO LEVINSON
13 STREET ADDRESS 151 Majorca Avenue, # C
14 CITY- ST- ZIP Coral Gables, FL 33134

☐ Change ☐ Addition

TITLE VTD
NAME DA SILVA, ANTONIO PAULO R.
STREET ADDRESS 151 MAJORCA AVE.-STE. C
CITY- ST- ZIP CORAL GABLES FL

2 1 TITLE VTD
22 NAME ABRAO CHACHAMOVITZ
23 STREET ADDRESS 151 Majorca Avenue, # C
24 CITY- ST- ZIP Coral Gables, FL 33134

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

☐ Change ☐ Addition

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: Adrian Levinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 - (305) 524-9830