

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

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**95 APR 26 AM 7:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V20720 (1)**

**1. Corporation Name  
DU-MORE D.M.E., INC.**

**Principal Place of Business Mailing Address**  
4745 SW 75 AVE 3191 CORAL WAY  
MIAMI FL 33155 #200  
US MIAMI FL 33145  
US

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 03/12/1992** **3a. Date of Last Report 05/01/1994**  
**4. FEI Number 65-0326888** **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**  
**6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business**  
**21 140 S.W. 57 AVE**  
**22 Suite, Apt. #, etc.**  
**23 MIAMI FL**  
**24 Zip 25 US 26 27 28 29 30**

**9. Name and Address of Current Registered Agent**  
**MESA, JULIAN L**  
**3191 CORAL WAY**  
**STE 200**  
**MIAMI FL 33145**

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

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD- GIRALDEZ, ANGEL M.D.</b>
<b>NAME</b>	<b>4745 SW 75 AVE</b>
<b>STREET ADDRESS</b>	<b>MIAMI FL</b>
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>S P ECHERARRETA, MARGARITA</b>
<b>NAME</b>	<b>1740 S BAYSHORE LN</b>
<b>STREET ADDRESS</b>	<b>MIAMI FL</b>
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**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: Margarita E. Echerra** **PRESIDENT** **4-4-95 (307) 266-0703**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter/Phone #