

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 MAY 12 AM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V51643 (7)

1. Corporation Name

DELL FAMILY ENTERPRISES, INC.

Principal Place of Business

**657 NORTHWEST 157 STREET
MIAMI FL 33169
US**

Mailing Address

**1447 NORTHWEST 129TH TERRACE
SUNRISE FL 33323
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/17/1992

3a. Date of Last Report
08/08/1994

2. Principal Place of Business

21 1447 NW 129TH TERR

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SUNRISE, FL

28

Zip

Country

Zip

Country

24 33323

25 US

29

30

4. FEI Number
65-0339033

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

**DOZORETZ, ROBERT
740 SW 158TH TER
SUNRISE FL 33328**

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 initiating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOZORETZ, ROBERT
STREET ADDRESS	740 SW 158TH TER
CITY - ST - ZIP	SUNRISE FL
TITLE	TD
NAME	DOZORETZ, JENETTE
STREET ADDRESS	740 SW 158TH TER
CITY - ST - ZIP	SUNRISE FL
TITLE	SD
NAME	QUOMA, HELENE
STREET ADDRESS	1447 NORTHWEST 129TH TERRACE
CITY - ST - ZIP	SUNRISE FL
TITLE	VD
NAME	QUOMA, RONALD
STREET ADDRESS	1447 NORTHWEST 129TH TERRACE
CITY - ST - ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

600001490586

-05/17/95--01085--010 Addition

*******225.00 *****225.00**

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 110.07(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 this 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, unchanged, or in an attachment with an address.

SIGNATURE: *Ronald Quoma VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD QUOMA - VP

4/28/95 (305)472-0911