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

APPROVED AND FILED

95 APR 26 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V53761** **(5)**

1. Corporation Name

DEMARK CUSTOMS BROKER, INC.

Principal Place of Business	Mailing Address
6595 NW 36 ST STE. 200 MIAMI FL 33166 US	6595 NW 36 ST. STE. 200 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/24/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0350492	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 6595 N.W. 36 Street	26 6595 N.W. 36 Street
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip / Country 24 33166 / 25 U.S.	Zip / Country 29 33166 / 30 U.S.

9. Name and Address of Current Registered Agent

RAMIREZ, MIRNA
~~6595 NW 36 ST~~
~~SUITE 920A~~ 200
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: Ramirez Mirna
82 Street Address (P.O. Box Number is Not Acceptable): 6595 N.W. 36 St.
83: Suite 200
84 City: Miami **FL** 85 Zip Code: 33166

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: Mirna Ramirez - President — 04-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	PST	☒ Change ☐ Addition
NAME	RAMIREZ, MIRNA	12 NAME	Ramirez, Mirna	
STREET ADDRESS	6595 NW 36TH ST ~~#920A~~ 200	13 STREET ADDRESS	6595 N.W. 36th ST. #200	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Miami, FL. 33166	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	RAMIREZ, MIRNA	22 NAME	Ramirez Mirna	
STREET ADDRESS	6595 NW 36 ST ~~#920A~~ 200	23 STREET ADDRESS	6595 N.W. 36 ST #200	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL. 33166	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	RAMIREZ, RAMIRO M.	32 NAME	Ramirez, Ramiro M	
STREET ADDRESS	6595 NW 36 ST ~~#920A~~ 200	33 STREET ADDRESS	6595 N.W. 36 ST #200	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami FL. 33166	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Mirna Ramirez - MIRNA Ramirez — 04-19-95 — 305 876-0043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100000 / CP