## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997	Son at the	DIVISION OF CORPORATIONS				Secretary of State				
DOCUMENT # V67905 (2) DEMARK CARGO, INC.											
Principal Place	e of Business		ng Address								
2801 NW 74 AV STE 211 MIAMI FL 33122			3OX 52-1456 E 200 Al FL 33152-1456					· r · z · · · · · · · · · · · · · · · ·			
US		U\$					3. Date Incorporated or Qualified 10/01/1992		ate of Last Ri <b>/23/1996</b>	eport	
2. Principal Place of Business			28. Mailing Address 26				4. FEI Number 65-0359291		Ap	plied For at Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
City & State	e		ity & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t		
Zip 24	Country 25		ф	30	ntry		8. This corporation has fiability for				
		s of Current Register	ed Agent				10. Name and Address of New Re	gistered	Agent		
	MIREZ MIRNA				81	Name					
	1 NW 74 AV			Ī	82	Street Add	fress (P.O. Box Number is Not Acceptal	ole)			
	211			}	83						
MIA	MI FL 33122			1							
					84	City		FL	85 Zip (	Code	
agent. I a SIGNATURE	m familiar with, and acce	of regulated agent and title if a	ection 607.0505, Fi	orida Stati IF Registered	Jios.		poration submits this statement for the partition's board of directors. I hereby acce	έλητε			
TITLE	PD OF	FICERS AND DIRECT	DELETE	13. 1.1 TiT	15		ADDITIONS/CHANGES TO OFFIC	JEHS ANL	Change	S IN 12 Addition	
NAME STREET ADDRESS	RAMIREZ, MIRNA 2801 NW 74 AVE S	STE 211		1.2 NA	ME	DORESS			CII ononge		
CITY-ST-ZIP	MIAMI FL SD		DELETE	14 CII		- 7IP			Change	Addition	
TITLE NAME	RAMIREZ, RAMIRO	м	L_) truett	2.1 11T 2.2 NA		ļ			Change	Managar	
STREET ADDRESS	2801 NW 74 AV ST					DURESS					
CITY-ST-ZIP	MIAMI FL			2. 4 CI							
TITLE			DELETE.	3.1 1/1					Change	Addition	
NAME				3.2 NA							
STREET ADDRESS						DDRESS					
CITY-ST-ZIP TITLE			DELETE	3.4. CI 4.1 TIT		-7IF			Change	Addition	
NAME				4.1 ttl					o.io.igo		
STREET ADDRESS						DONESS					
CITY-ST-ZIP				4.4 C11	<u>Y</u> · ST	- ZIP					
TITLE			DELETE	51111	LE				Change	Addition	
NAME				5 2 NA							
STREET ADDRESS						ODRESS					
CITY-ST-ZIP TITLE			DELETE	5 4 CF 6 1 H)		·ZIP			Change	Addition	
NAME	1		473.55 79	6.2 NA							
STREET ADDRESS						DORESS					
CITY - ST- 7IP				6.4 CII							

14. The formation indicated on this annual report or supplied with this filing does not quality 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

12-12-97

**FILED** 

Mar 19 1997 8:00am

Secretary of State