

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000062557 (2)**  
 1. Corporation Name  
**DEJEM CORP.**



Principal Place of Business 6455/65 SW 8TH ST. MIAMI FL 33144 US	Mailing Address 1640 SW 96 AVE MIAMI FL 33165
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6455/65 SW 8TH ST. Suite, Apt. #, etc.	2a. Mailing Address 26 1640 SW 96 AVE Suite, Apt. #, etc.
22 City & State 23 MIAMI, FL	27 City & State 28 MIAMI, FL
24 Zip 25 33144	29 Country 30 USA

3. Date Incorporated or Qualified 09/08/1993	4. FEI Number 65-0437853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
 LUGO, EMILIO  
 1640 SW 96 AVE  
 MIAMI FL 33165

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	LUGO, EMILIO	1.2 NAME	LUGO EMILIO
STREET ADDRESS	1640 SW 96 AVE	1.3 STREET ADDRESS	1640 SW 96th AVE
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	P	2.1 TITLE	VP
NAME	LUGO, OLYMPIA	2.2 NAME	LUGO OLYMPIA
STREET ADDRESS	1640 SW 96TH AVE	2.3 STREET ADDRESS	1640 SW 96th AVE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	VP	3.1 TITLE	T
NAME	LUGO, EMIL	3.2 NAME	LUGO, EMIL
STREET ADDRESS	1640 SW 96TH AVE	3.3 STREET ADDRESS	1640 SW 96th AVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	T	4.1 TITLE	T
NAME	LUGO, DENNIS	4.2 NAME	LUGO, DENNIS
STREET ADDRESS	1640 SW 96TH AVE	4.3 STREET ADDRESS	1640 SW 96th AVE
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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: \_\_\_\_\_ 4-10-98 305-264-4060

CR2E034 (10/97)