

Apr-14-99 10:00 A. A. CRESPO & CO.  
 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

30

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90087 019 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P94000036294**

1. Corporation Name  
**DESCO INTERNATIONAL CO., INC.**

Principal Place of Business  
 8346 N.W. 5TH RIVER DRIVE  
 MEDLEY FL 33166  
 US

Mailing Address  
 8346 N.W. 5TH RIVER DRIVE  
 MEDLEY FL 33166  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/13/1994**

4. FEI Number  
**65-0490721**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Country

9. Name and Address of Current Registered Agent

**CRESPO, ALEJANDRO A**  
**9260 S.W. 72ND ST.**  
**SUITE #117**  
**MIAMI FL 33173**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DE SALES CARLOS,	1.2 NAME	
STREET ADDRESS	8346 NW S RIVER DR BAY N	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	DE SALES CARLOS,	2.2 NAME	
STREET ADDRESS	8346 NW S RIVER DR BAY N	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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, with all other like empowered.

SIGNATURE: *[Signature]* **E LOINA ZAYAS-BAZAN** 4/15/99 305-8889179  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)