

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

CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000004424**

1. Corporation Name  
**DETRADE CORP.**  
13101 SW 85th Street  
Miami, FL, 33183.

Principal Place of Business Mailing Address

13101 SW 8th Street  
Miami, FL, 33183.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01-18-1995** 3a. Date of Last Report **This is 1st**

2. Principal Place of Business **21 Same.** 2a. Mailing Address **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

4. FEI Number **65-0548031** 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

**HUGO DESME**  
6890 SW 88th Street Apt. B 402  
Miami, FL, 33156.

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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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	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
1 2 NAME	PERCY DESME	
1 3 STREET ADDRESS	13863 SW 93rd Lane	
1 4 CITY - ST - ZIP	Miami, FL, 33189	
2 1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
2 2 NAME	JORGE L. DESME	
2 3 STREET ADDRESS	13101 SW 85th Street	
2 4 CITY - ST - ZIP	Miami, FL, 33183	
3 1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
3 2 NAME	HUGO DESME	
3 3 STREET ADDRESS	6890 SW 88th Street	
3 4 CITY - ST - ZIP	Miami, FL, 33156	
4 1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
4 2 NAME	JAVIER H. DESME	
4 3 STREET ADDRESS	13101 SW 85th Street	
4 4 CITY - ST - ZIP	Miami, FL, 33183	
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		
6 2 NAME	600001927810	<input type="checkbox"/> Change <input type="checkbox"/> Addit
6 3 STREET ADDRESS	-08/21/96--01012--017	
6 4 CITY - ST - ZIP	***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 119.07(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 the corporation; 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:

*Hugo Desme*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**HUGO DESME - SECRETARY**

8/15/96

Date

(305) 388-2069  
8-20-96

Daytime Phone