

**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 <b>01-18-1995</b>	3a. Date of Last Report <b>This is 1st</b>
4. FEI Number <b>65-0548031</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 <b>Same.</b>	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

**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	<b>FL</b>

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	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<b>P/D</b>
1.2 NAME	<b>PERCY DESME</b>
1.3 STREET ADDRESS	<b>13863 SW 93rd Lane</b>
1.4 CITY - ST - ZIP	<b>Miami, FL, 33189</b>
2.1 TITLE	<b>VP/D</b>
2.2 NAME	<b>JORGE L. DESME</b>
2.3 STREET ADDRESS	<b>13101 SW 85th Street</b>
2.4 CITY - ST - ZIP	<b>Miami, FL, 33183</b>
3.1 TITLE	<b>S/T/D</b>
3.2 NAME	<b>HUGO DESME</b>
3.3 STREET ADDRESS	<b>6890 SW 88th Street</b>
3.4 CITY - ST - ZIP	<b>Miami, FL, 33156</b>
4.1 TITLE	<b>T/D</b>
4.2 NAME	<b>JAVIER H. DESME</b>
4.3 STREET ADDRESS	<b>13101 SW 85th Street</b>
4.4 CITY - ST - ZIP	<b>Miami, FL, 33183</b>
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	<b>600001927810</b>
6.3 STREET ADDRESS	<b>-08/21/96--01012--017</b>
6.4 CITY - ST - ZIP	<b>***225.00</b>

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