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May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S49136** (2)  
1. Corporation Name  
**DESME, INC.**



Principal Place of Business Mailing Address  
**2525 SW 3RD AVENUE SUITE 410 MIAMI FL 33129 US**

3. Date Incorporated or Qualified **05/01/1991** 3a. Date of Last Report **06/26/1996**

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

4. FEI Number **65-0260385** 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

10. Name and Address of New Registered Agent

**MAXIMO, ZADI DESME  
2525 SW 3RD AVE  
SUITE 410  
MIAMI FL 33129**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PST DESME, MAXIMO ZADI**  
STREET ADDRESS **2525 SW 3RD AVE SUITE 410**  
CITY-ST-ZIP **MIAMI FL**  
TITLE  DELETE  
NAME **D DESME, MAXIMO ZADI**  
STREET ADDRESS **2525 SW 3RD AVE SUITE 410**  
CITY-ST-ZIP **MIAMI FL**  
TITLE  DELETE  
NAME **VD DESME, MARIA MILAGROS**  
STREET ADDRESS **2525 SW 3RD AVE SUITE 410**  
CITY-ST-ZIP **MIAMI FL**  
TITLE  DELETE  
NAME **D GAMEZ, MERCEDES**  
STREET ADDRESS **2525 NW 3RD AVE, STE 410**  
CITY-ST-ZIP **MIAMI FL**  
TITLE  DELETE  
NAME **D GAMEZ, JORGE**  
STREET ADDRESS **2525 SW 3RD AVE, STE 410**  
CITY-ST-ZIP **MIAMI FL**  
TITLE  DELETE

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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: \_\_\_\_\_ Date: **04/25/97** (305) 443-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)