

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S97825** (1)
1. Corporation Name
GTME TRADING CORP.



Principal Place of Business Mailing Address
848 BRICKELL AVE. SUITE #950 MIAMI FL 33131 US

3. Date incorporated or Qualified **12/04/1991** 3a. Date of Last Report **04/04/1995**
4. FEI Number **65-0311611** 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

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

9. Name and Address of Current Registered Agent

**DESENS, RALPH E.
848 BRICKELL AVE.
#950
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title (if any) (date)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PD CAMERO, OMAR**
STREET ADDRESS **848 BRICKELL AVENUE, SUITE 950**
CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
NAME **VD CAMERO, OMAR GERARDO**
STREET ADDRESS **848 BRICKELL AVENUE, SUITE 950**
CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
NAME **VD CAMERO, MARTIN N.**
STREET ADDRESS **848 BRICKELL AVENUE, SUITE 950**
CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
NAME **STD CAMERO, LUISA**
STREET ADDRESS **848 BRICKELL AVENUE, SUITE 950**
CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
NAME ~~**SD JOSE, GREGORIO ALVAREZ**~~
STREET ADDRESS ~~**848 BRICKELL AVENUE, SUITE 950**~~
CITY-ST-ZIP ~~**MIAMI FL**~~

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** Change Addition
1.2 NAME **ROLPH E. DESENS**
1.3 STREET ADDRESS **848 BRICKELL AVENUE, SUITE 950**
1.4 CITY-ST-ZIP **MIAMI FL**

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 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 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: *Ralph E. Desens* **RALPH E. DESENS** 1-18-96 305-579-0258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)