

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 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 # S97825 (1)

1. Corporation Name
GTME TRADING CORP.

Principal Place of Business 848 BRICKELL AVE. SUITE #950 MIAMI FL 33131 US	Mailing Address 848 BRICKELL AVE. SUITE #950 MIAMI FL 33131-2042 US
--	---

2. Principal Place of Business 21 10425 SW 22 Street Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip Country 24 33165 25 USA	2a. Mailing Address 26 P.O. Box 651937 Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip Country 29 33265 30 USA
--	--

3. Date Incorporated or Qualified 12/04/1991	3a. Date of Last Report 01/29/1996
4. FEI Number 65-0311611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 **Alberto Benitez**
82 Street Address (P.O. Box Number is Not Acceptable)
10425 SW 22 Street
83
84 City **Miami** **FL** 85 Zip Code **33165**

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  **Alberto Benitez** 2/11/97
(NOTE: For registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMERO, OMAR	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CAMERO, OMAR GERARDO	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CAMERO, MARTIN N.	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950	
CITY - ST - ZIP	MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CAMERO, LUISA	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DESENS, RALPH E.	
STREET ADDRESS	848 BRICKELL AVENUE, SUITE 950	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAMERO, OMAR	
1.3 STREET ADDRESS	Centro Emp. Miranda, Av. Fco. Miranda	
1.4 CITY - ST - ZIP	Los Ruices, Caracas, Venezuela	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Munoz, Yves	
2.3 STREET ADDRESS	Centro Emp. Miranda, Av. Fco. Miranda	
2.4 CITY - ST - ZIP	Los Ruices, Caracas, Venezuela	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barnouin, Ives	
3.3 STREET ADDRESS	Centro Emp. Miranda, AV. Fco. Miranda	
3.4 CITY - ST - ZIP	Los Ruices, Caracas, Venezuela	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

Yves Munoz, Secretary 305-221-4175

CR2E034 (9/96)