

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S97825 (1)**

1. Corporation Name  
**GTME TRADING CORP.**



Principal Place of Business <del>848 BRICKELL AVE.</del> <del>SUITE #950</del> <del>MIAMI FL 33131</del> <del>US</del>	Mailing Address <del>848 BRICKELL AVE.</del> <del>SUITE #950</del> <del>MIAMI FL 33131-2040</del> <del>US</del>
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3. Date Incorporated or Qualified <b>12/04/1991</b>	3a. Date of Last Report <b>01/29/1996</b>
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2. Principal Place of Business 21 <b>10425 SW 22 Street</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>P.O. Box 651937</b> Suite, Apt. #, etc. 27
City & State 23 <b>Miami, FL</b>	City & State 28 <b>Miami, FL</b>
Zip 24 <b>33165</b>	Country 25 <b>USA</b>
Zip 29 <b>33265</b>	Country 30 <b>USA</b>

4. FEI Number <b>65-0311611</b>	Applied For Not Applicable
5. Certificate of Status Desired <input 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 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**

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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* **Alberto Benitez** **2/11/97**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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