

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S90465 (3)
 1. Corporation Name
D.F.E.I., CORP.



Principal Place of Business Mailing Address
~~7065 NW 21 ST X MIAMI FL 33126 US~~ ~~7065 NW 21 ST MIAMI FL 33126 US~~

2. Principal Place of Business
 21 **7991 NW 21 ST**
 Suite, Apt. #, etc.
 22
 City & State
 23 **MIAMI FL**
 Zip Country
 24 **33122 USA** 25
 2a. Mailing Address
 26 **7991 NW 21 ST**
 Suite, Apt. #, etc.
 27
 City & State
 28 **MIAMI FL**
 Zip Country
 29 **33122 USA** 30

3. Date Incorporated or Qualified **10/29/1991** 3a. Date of Last Report **02/27/1995**
 4. FEI Number **26-7150155** 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
UIPAN, ANTONIO
2420 S.W. 108TH PLACE
MIAMI FL 33165

10. Name and Address of New Registered Agent
 81 Name **Uipan, Antonio**
 82 Street Address (P.O. Box Number is Not Acceptable) **7991 N.W. 21 ST**
 83
 84 City **Miami** FL 85 Zip Code **33122**

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]* **ANTONIO J. UIPAN** **PRESIDENT** **7/21/96**
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	PTD	<input type="checkbox"/> DELETE
NAME	UIPAN, ANTONIO	
STREET ADDRESS	2420 S.W. 108TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	SALOMON-PINEDA, JOSE	
STREET ADDRESS	2420 S.W. 108TH PLACE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Uipan, Alicia	
13 STREET ADDRESS	7991 NW 21 ST	
14 CITY-ST-ZIP	MIAMI - FL 33122	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **07/21/96** **(305) 477 2270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Digits Phone #

CR2E034 (3/96)