

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 # 565095 (7)

1. Corporation Name

DIVERSIFIED STEAM SERVICES OF AMERICA, INC.



Principal Place of Business

Mailing Address

1365 NW 181ST ST
MIAMI FL 33169

1365 NW 181ST ST
MIAMI FL 33169

3. Date Incorporated or Qualified 01/06/1978	3a. Date of Last Report 01/18/1995
4. FEI Number 59-1796260	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	

2. Principal Place of Business	2a. Mailing Address
21. 1365 NW 181 St Suite, Apt. #, etc.	26. 1365 NW 181 St Suite, Apt. #, etc.
22. City & State	27. City & State
23. Miami, Fla	28. Miami Fla
24. Zip 33169	29. Zip 33169
25. Country USA	30. Country USA

9. Name and Address of Current Registered Agent

KEHL, GEORGE L.
1365 NW 181ST ST
MIAMI FL 33169

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	2.1 TITLE	2.2 NAME
NAME	STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	4.1 TITLE	4.2 NAME
NAME	STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP			
TITLE	NAME	6.1 TITLE	6.2 NAME
NAME	STREET ADDRESS	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96 305-624 0289

CR2E034 (12/95)