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Jan 21 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 # P93000026815 (9)

1. Corporation Name  
DESMAR SERVICES & REPAIRS, INC.



Principal Place of Business  
6281 S.W. 4TH STREET  
MIAMI FL 33144

Mailing Address  
6281 S.W. 4TH STREET  
MIAMI FL 33144-3162

3. Date Incorporated or Qualified: 04/07/1993  
3a. Date of Last Report: 06/05/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 65-0407111		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired		Not Applicable	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required	
23. Zip		28. Zip		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CEBALLOS, RAMON L 6281 S.W. 4TH STREET MIAMI FL 33144				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CEBALLOS, RAMON L 6281 S.W. 4TH STREET MIAMI FL 33144	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	STD CEBALLOS, MARIA L 6281 S.W. 4TH STREET MIAMI FL 33144	21 TITLE	S.D. CEBALLOS, MARIA L
NAME		22 NAME	6281 SW 4 ST
STREET ADDRESS		23 STREET ADDRESS	MIAMI - FL 33144
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	V.P.D. ANGEL, EDUARDO
NAME		32 NAME	210 SW 67 CT
STREET ADDRESS		33 STREET ADDRESS	MIAMI - FL 33144
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	T.D. ANGEL, ELDA
NAME		42 NAME	210 SW 67 CT
STREET ADDRESS		43 STREET ADDRESS	MIAMI - FL 33144
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, unchanged, or on an attachment with an address.

SIGNATURE: *Maria L Ceballos* 1/21/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)