

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 20 AM 9: 54

**DOCUMENT # P94000086016 (0)**

1. Corporation Name

**THE DETCOMP, INC.**

Principal Place of Business

Mailing Address

6830 INDIAN CREEK DR APT 504  
 MIAMI BEACH FL 33141

6830 INDIAN CREEK DR APT 504  
 MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/28/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0536638

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUZZI, FERNANDO**  
 6830 INDIAN CREEK DR APT 504  
 MIAMI BEACH FL 33141

81 Name

Gustavo Caceres

82 Street Address (P.O. Box Number is Not Acceptable)

6830 Indian Creek Dr. Apt 504

83

84 City

Miami Beach

FL

85 Zip Code

33141

11. Pursuant to the provisions of Sections 607.002 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 assume the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

6/14/95

(Appointee, type and print name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP  
 NAME: CACERES, GUSTAVO J  
 STREET ADDRESS: 6830 INDIAN CREEK DR APT 504  
 CITY- ST- ZIP: MIAMI BEACH FL 33141

1.1 TITLE:  Change  Addition  
 1.2 NAME:  
 1.3 STREET ADDRESS:  
 1.4 CITY- ST- ZIP:

TITLE: DST  
 NAME: CACERES, LUIS W  
 STREET ADDRESS: 6830 INDIAN CREEK DR APT 504  
 CITY- ST- ZIP: MIAMI BEACH FL 33141

2.1 TITLE:  Change  Addition  
 2.2 NAME:  
 2.3 STREET ADDRESS:  
 2.4 CITY- ST- ZIP:

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

3.1 TITLE:  Change  Addition  
 3.2 NAME:  
 3.3 STREET ADDRESS:  
 3.4 CITY- ST- ZIP:

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

4.1 TITLE:  Change  Addition  
 4.2 NAME:  
 4.3 STREET ADDRESS:  
 4.4 CITY- ST- ZIP:

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

5.1 TITLE:  Change  Addition  
 5.2 NAME:  
 5.3 STREET ADDRESS:  
 5.4 CITY- ST- ZIP:

TITLE:  
 NAME:  
 STREET ADDRESS:  
 CITY- ST- ZIP:

6.1 TITLE:  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 attached sheet with an address.

SIGNATURE:

*[Signature]*

(Type and print name of signing officer or director)

Date

Daytime Phone #

CR2E034 (3/95)