

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000016991 (8)**

1. Corporation Name

DICTUM CORPORATION



Principal Place of Business
10501 S.W. 155TH COURT #1116 MIAMI FL 33196

Mailing Address
10501 S.W. 155TH COURT #1116 MIAMI FL 33196

3. Date Incorporated or Qualified 03/01/1995	3a. Date of Last Report
4. FEI Number 65-0567108	Applied For <input type="checkbox"/> 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 21 10850 S.W. 113 PL	2a. Mailing Address 26 10850 S.W. 113 PL
Suite, Apt. #, etc. 22 Suite 114	Suite, Apt. #, etc. 27 Suite 114
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33176	Country 25 DADE
Country 29 DADE	Zip 30 33176

9. Name and Address of Current Registered Agent

**JOSEPHER, GLORIA R
2100 PONCE DE LEON BLVD.
SUITE 920
CORAL GABLES FL 33134**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1904, 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 607.0504, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVD / SECRETARY	<input type="checkbox"/> DELETE	TITLE PRESIDENT / SECRETARY / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, MANUEL R		12 NAME MANUEL RAMOS	
STREET ADDRESS #10501 S.W. 155TH CT. #1116		13 STREET ADDRESS 10501 S.W. 155TH CT #1116	
CITY-ST-ZIP MIAMI FL 33196		14 CITY-ST-ZIP MIAMI, FL 33196	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMOS, MARIANO		22 NAME	
STREET ADDRESS #10501 S.W. 155TH CT. #1116		23 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33196		24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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*****200.00**

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: **MANUEL RAMOS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 19/96 (305) 275 9920
SC 4-11-96

CR2E034 (12/95)