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May 08 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 # P95000028542 (5)

1. Corporation Name
D.V.S. TRADING CORP.



Principal Place of Business
124 SE 1ST STREET
MIAMI FL 33131

Mailing Address
1602-A WASHINGTON AVE
SUITE 707
MIAMI BEACH FL 33139-3107

3. Date Incorporated or Qualified 04/11/1995
3a. Date of Last Report 05/01/1996

| | | | |
|--------------------------------------|---|---|--------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 124 SE 1st Street | 4. FEI Number 65-0575744 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 MIAMI, FL | 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip 24 | Country 25 | 29 33131 | 30 USA |

9. Name and Address of Current Registered Agent

ABRAMSON, EDWARD J
7270 NW 12TH ST, 580
MIAMI FL 33126

10. Name and Address of New Registered Agent

| | |
|---|----------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 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 | DPST | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUES, DAVILSON | 1.2 NAME | |
| STREET ADDRESS | 9864 N KENDALL DR APT D103 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33178 | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODRIGUES, ADILSON | 2.2 NAME | |
| STREET ADDRESS | 9864 N KENDALL DR APT D103 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI BEACH FL 33178 | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 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 if changed, or on an attachment with an address.

SIGNATURE: DAVILSON RODRIGUES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/31/97 (305) 372-1372
Date Daytime Phone #

CR2E034 (9/96)