

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029480 (7)

1. Corporation Name

D.V.M. INTERNATIONAL TRADING CORP.

Principal Place of Business

11055 SW 25 STREET
MIAMI FL 33165

Mailing Address

11055 SW 25 STREET
MIAMI FL 33165



2. Principal Place of Business	2a. Mailing Address
21 11055 SW 25 ST	26 SAME AS ABOVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
04/14/1995	
4. FEE Number: 650595553 230844048978	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

DEL VALLE, ROBERTO
11055 SW 25 STREET
MIAMI FL 33165

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
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: *Robert del Valle*
Signature typed or printed name of registered agent and that agent's title

Date: 3/6/96

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	12 NAME
13 STREET ADDRESS	14 CITY-ST-ZIP
21 TITLE	22 NAME
23 STREET ADDRESS	24 CITY-ST-ZIP
31 TITLE	32 NAME
33 STREET ADDRESS	34 CITY-ST-ZIP
41 TITLE	42 NAME
43 STREET ADDRESS	44 CITY-ST-ZIP
51 TITLE	52 NAME
53 STREET ADDRESS	54 CITY-ST-ZIP
61 TITLE	62 NAME
63 STREET ADDRESS	64 CITY-ST-ZIP

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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: *Robert del Valle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 305 225 8108
Daytime Phone #

CR2E034 (12/95)

PAID 14-9-96