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May 09 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 # P96000038275 (9)

1. Corporation Name
DEEP RED, INC.



Principal Place of Business
6950 WEST 2ND LANE
HIALEAH FL 33014

Mailing Address
6950 WEST 2ND LANE
HIALEAH FL 33014-5312

3. Date Incorporated or Qualified 05/02/1996	3a. Date of Last Report N/A
4. FEI Number 05-0664094	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name Delino Castro	85 Zip Code 33014
82 Street Address (P.O. Box Number is Not Acceptable) 6950 West 2nd Lane	
83	
84 City Hialeah	FL

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 Delino Castro DATE 4/27/1997
Signature typed or printed name of registered agent and title if applicable (NONE for sole agent; signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	
NAME	CASTRO, DELINO	1.2 NAME	
STREET ADDRESS	6950 WEST 2ND LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33014	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	
NAME	ARCE, MARTHA M	2.2 NAME	VTD
STREET ADDRESS	6950 WEST 2ND LANE	2.3 STREET ADDRESS	Soto Jr., Mariano
CITY - ST - ZIP	HIALEAH FL 33014	2.4 CITY - ST - ZIP	8248 West 14 Court
TITLE		3.1 TITLE	Hialeah, FL 33012
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 agent with an address.

SIGNATURE: Delino Castro DATE 4/27/1997 TELEPHONE 821-0271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)