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**Feb 13 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 # P96000082147 (5)

1. Corporation Name:
D-TEX TRADING, INC.



Principal Place of Business: **1550 BRICKELL AVENUE APT 503B MIAMI FL 33129**
Mailing Address: **1550 BRICKELL AVENUE APT 503B MIAMI FL 33129**

3. Date Incorporated or Qualified: **10/04/1996**
3a. Date of Last Report

2. Principal Place of Business: **21 19552 E. COUNTRY CLUB DR. AVENTURA 33180 USA**
2a. Mailing Address: **26 19552 E. COUNTRY CLUB DR. AVENTURA 33180 USA**

4. FEI Number: **65-0697819**
Applied For: Not Applicable
6. 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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TEIXEIRA, DENISE A
1550 BRICKELL AVENUE APT 503B
MIAMI FL 33129**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **19552 E. COUNTRY CLUB DR.**
83
84 City: **AVENTURA** FL 85 Zip Code: **33180**

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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	TEIXEIRA, DENISE A	1.2 NAME	TEIXEIRA M. A. DENISE
STREET ADDRESS	1550 BRICKELL AVENUE APT 503B	1.3 STREET ADDRESS	19552 E. COUNTRY CLUB DR.
CITY-ST-ZIP	MIAMI FL 33129	1.4 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VD	2.1 TITLE	VD
NAME	TEIXEIRA, ESDON	2.2 NAME	TEIXEIRA, EDSON A.
STREET ADDRESS	1550 BRICKELL AVENUE APT 503B	2.3 STREET ADDRESS	19552 E. COUNTRY CLUB DR.
CITY-ST-ZIP	MIAMI FL 33129	2.4 CITY-ST-ZIP	AVENTURA, FL 33180
TITLE		3.1 TITLE	
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	
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 in an attachment with an address.

SIGNATURE: *Denise A. Teixeira* **DENISE A. TEIXEIRA** 1-06-97 798-0768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)