

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000090504 (7)

1. Corporation Name

DESKTOP SOLUTIONS, INC.

Principal Place of Business

7725 NW 193RD TERRACE  
MIAMI FL 33105

Mailing Address

7725 NW 193RD TERRACE  
MIAMI FL 33105-6346

2. Principal Place of Business

21 7725 NW 193<sup>rd</sup> *ter*

2a. Mailing Address

26 *Same*

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 City & State

23 Miami, FL

28 City & State

29

Zip

24 33015

Country

25 USA

Zip

29

Country

30

3. Date Incorporated or Qualified

10/31/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0722830

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Trust Fund Contribution  Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

BENITEZ, JOSE  
7725 NW 193RD TERRACE  
MIAMI FL 33015

81 Name *Jose Benitez*

82 Street Address (P.O. Box Number Is Not Acceptable)

7725 NW 193<sup>rd</sup> *ter*

83 Miami, Fla. 33015

84 City *Miami* FL 85 Zip Code 33015

10. Name and Address of New Registered Agent

4/17/97

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 *Jose Benitez*

See above for type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, ULYSSES E	1.2 NAME	
STREET ADDRESS	2873 W. 71ST STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL 33018	1.4 CITY, ST, ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, JOSE M	2.2 NAME	
STREET ADDRESS	7725 NW 193RD TERRACE	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33015	2.4 CITY, ST, ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IZQUERDO, OMAR D	3.2 NAME	
STREET ADDRESS	329 W. 68TH STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL 33014	3.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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\*\*\*165.00

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: *Jose Benitez* REDACTED REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 (303) 829-0662  
Daytime Phone #

0122925

CR2E034 (9/96)