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Apr 28 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 # P96000090504 (7)

1. Corporation Name
DESKTOP SOLUTIONS, INC.



Principal Place of Business
7725 NW 193RD TERRACE
MIAMI FL 33015

Mailing Address
7725 NW 193RD TERRACE
MIAMI FL 33015-6346

3. Date Incorporated or Qualified 10/31/1996
3a. Date of Last Report N/A

2. Principal Place of Business
21 7725 NW 193rd

2a. Mailing Address
26 Same

4. FEI Number 65-0722830
Applied For Not Applicable

22 Suite, Apt #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State Miami FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33015 Country USA

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

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 193rd
83 Miami FL 33015
84 City Miami FL 33015

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 DATE 4/17/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	1.1 TITLE	
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	2.1 TITLE	
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	3.1 TITLE	
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		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	

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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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/17/97 303 8290662
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