

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S93200** (1)

1. Corporation Name

D.S.M. CORPORATION



Principal Place of Business

**3001 NE 185 ST
N MIAMI BEACH FL 33180**

Mailing Address

**3001 NE 185 ST
N MIAMI BEACH FL 33180**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

**RAMIREZ, MANUEL A.
1001 S BAYSHORE DR
SUITE 2410
MIAMI FL 33131**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Signature of person submitting this report for filing

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

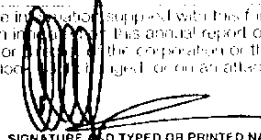
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
D	GONZALEZ, MARIO	3001 NE 185 ST	N MIAMI BEACH FL	☐
D	GONZALEZ, ANIBAL	3001 NE 185 ST	N MIAMI BEACH FL	☐
D	GARCIA, ALVARO	3001 NE 185 ST	N MIAMI BEACH FL	☐
D	LUDOVIC, VLADIMIR	3001 NE 185 ST	N MIAMI BEACH FL	☐
D	AQUIQUE, OSWALDO	3001 NE 185 ST	N MIAMI BEACH FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	☐	☐

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)(c), Florida Statutes. I further certify that the information in 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, or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Melik - V. President 4-26-96 3059314944

CR2E034 (12/95)