

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V70767 (1)

1. Corporation Name
~~DESSERT-TIME, INC.~~
DESERT ENTERPRISES, INC.

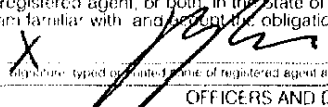
Principal Place of Business 1430 NW 82 AVE MIAMI FL 33126 US	Mailing Address 1430 NW 82 AVE MIAMI FL 33126-1508 US
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2. Principal Place of Business 21 5427 NW 72 AVE. Suite, Apt. #, etc.		2a. Mailing Address 26 5427 NW 72 AVE. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/09/1992	3a. Date of Last Report 05/01/1996
22 City & State 23 MIAMI, FL 24 Zip 33166 25 Country US		27 City & State 28 MIAMI, FL 29 Zip 33166 30 Country US		4. FEI Number 65-0373738	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GONZALEZ, JAIRO 1430 NW 82 AVE MIAMI FL 33126				10. Name and Address of New Registered Agent 81 Name MAURICIO FERNANDEZ 82 Street Address (P.O. Box Number is Not Acceptable) 5427 NW 72 AVE 83 84 City MIAMI FL 85 Zip Code 33166			
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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 reinstating) DATE April 14/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	GONZALEZ, JAIRO			1.2 NAME			
STREET ADDRESS	1430 NW 82 AVE			1.3 STREET ADDRESS	5427 NW 72 AVE		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI FL 33166		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP/D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	FERNANDEZ, MAURICIO			2.2 NAME	FERNANDEZ, MAURICIO		
STREET ADDRESS	1430 NW 82 AVE			2.3 STREET ADDRESS	5427 NW 72 AVE		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL 33166		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 attachment with an address.

SIGNATURE:  DATE April 14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)