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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000061420 (1)

1. Corporation Name
D.S.I. INTERNATIONAL INC.

Principal Place of Business
500 EAST BROWARD BLVD. STE 1160
FORT LAUDERDALE FL 33301

Mailing Address
500 EAST BROWARD BLVD. STE 1160
FORT LAUDERDALE FL 33394-3002



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1996		3a. Date of Last Report	
21 1508 SE 3 AVE		26 PO BOX 670		4. FEI Number 65-0692142		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State FT. LAUDERDALE FL		28 City & State FT. LAUDERDALE FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33316		25 Country FLORIDA		29 Zip 33302		30 Country FLORIDA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

REAL FLORIDA REALTY INC.
500 EAST BROWARD BLVD. STE 1160
FORT LAUDERDALE FL 33301

81 Name
REAL FLORIDA REALTY INC
82 Street Address (P.O. Box Number is Not Acceptable)
1508 SE 3 AVE
83
84 City
FT. LAUDERDALE FL
85 Zip Code
33316

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

Signature typed 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, SVEN W	1.2 NAME	
STREET ADDRESS	432 ISLE OF VENICE STE 3 1520 NE 63 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301 33334	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLA HANNA STARK	2.2 NAME	
STREET ADDRESS	1520 NE 63 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	2.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUMS-DIETER STARK	3.2 NAME	
STREET ADDRESS	1520 NE 63 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	3.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIELE ANNA STARK	4.2 NAME	
STREET ADDRESS	1520 NE 63 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	4.4 CITY-ST-ZIP	
TITLE	TREASURER <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFGANG DIETER STARK	5.2 NAME	
STREET ADDRESS	1520 NE 63 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	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	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)