FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741750 (4)

1. Corporation Name
DEAF SERVICE'S BUREAU, INC.

Principal Place of Business	Mailing Address
9100 S. DADELAND BLVD SUITE #104 MIAMI FL 33156 US	9100 S. DADELAND. BLVD SUITE #104 MIAMI FL 33056 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1978
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-1872983 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

RODGERS, CECIL M. J
7451 PLANTATION RD.
PLANTATION FL 33317

10. Name and Address of New Registered Agent

01 Name: RUTH C. DURKEE
02 Street Address (P.O. Box Number is Not Acceptable): 400 SW 2 Avenue
03: Miami, FL 33130
04 City: FL 05 Zip Code:

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: Stephen Bail 5/2/95
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	P	1.1 TITLE: President	☒ Change ☐ Addition
NAME	RODGERS, CECIL M.	1.2 NAME: D. DURKEE RUTH C.	
STREET ADDRESS	7451 PLANTATION RD.	1.3 STREET ADDRESS: 400 SW 2 AVENUE	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP: MIAMI FL 33130	
TITLE	V	2.1 TITLE: Vice President	☒ Change ☐ Addition
NAME	SUGUARMAN, MANFRED	2.2 NAME: D. Dunnit Mark	
STREET ADDRESS	8500 SW 45TH ST.	2.3 STREET ADDRESS: 848 Brickell Ave #1100	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP: Miami FL 33131	
TITLE	S	3.1 TITLE: Secretary	☒ Change ☐ Addition
NAME	FREYRE, SUZANNE P.	3.2 NAME: D. CARVAJAL, Iris D.	
STREET ADDRESS	6840 SW 97TH TERR.	3.3 STREET ADDRESS: 7715 SW 26 ST A2-309	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP: Miami FL 33143	
TITLE	T	4.1 TITLE: Executive Director	☐ Change ☒ Addition
NAME	MCQUITTER, DEBORAH D.	4.2 NAME: Stephen D. Bail	
STREET ADDRESS	6911 MAIN ST., #1177 ← SAME	4.3 STREET ADDRESS: 9100 S. Dadeland Blvd # P4	
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP: Miami, FL 33056	
TITLE		5.1 TITLE:	☐ Change ☐ Addition
NAME		5.2 NAME:	
STREET ADDRESS		5.3 STREET ADDRESS:	
CITY-ST-ZIP		5.4 CITY-ST-ZIP:	
TITLE		6.1 TITLE:	☐ Change ☐ 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 is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Stephen Bail STEPHEN BAIL 1-81-95 305 670-9099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058478