

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

02/01/1978

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1320 S. Dixie Hwy

26 1320 S. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 760

27 760

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33146

25

29 33146

30

9. Name and Address of Current Registered Agent

**DURKEE, RUTH C
400 SW 2 AVENUE
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name RICHARD LUEIE
82 Street Address (P.O. Box Number is Not Acceptable) 1775 NE 172 STREET
83 NORTH MIAMI BEACH
84 City
FL 85 33162

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 617.0503, Florida Statutes.

SIGNATURE

Richard Lueie **Richard Lueie - President Board -**

Signature, typed or printed name of registered agent and the corporation.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DURKEE, RUTH C	
STREET ADDRESS	400 SW 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DOUKHIT, MARK	
STREET ADDRESS	848 BRICKELL AVE., #1100	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CARAJAL, IRIS D	
STREET ADDRESS	7715 SW 86 ST, A2-309	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MCQUITTER, DEBORAH	
STREET ADDRESS	6911 MAIN ST., #1177	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	BAIL, STEPHEN D	
STREET ADDRESS	9100 S. DADELAND BLVD., #P4	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Lueie	
1.3 STREET ADDRESS	1775 NE 172 ST	
1.4 CITY-ST-ZIP	North Miami Beach, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Mark Doukhitt	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mark Doukhitt	
2.3 STREET ADDRESS	848 Brickell Ave.	
2.4 CITY-ST-ZIP	Miami, FL 33143	
3.1 TITLE	Iris D. Carvajal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Iris D. Carvajal	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Morris Rego	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Morris Rego	
4.3 STREET ADDRESS	9100 S. Dadeland Blvd.	
4.4 CITY-ST-ZIP	Miami, FL 33156	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	1320 S. Dixie Hwy. #760	
5.4 CITY-ST-ZIP	Miami, FL 33146	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 D. Bail **Stephen D. Bail, Executive Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/25/98 Daytime Phone: 305-668-1907 Ext. 11

CR2E037 (12/95)