

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90022 041 ****61.25

DOCUMENT # 741750

1. Corporation Name

DEAF SERVICE'S BUREAU, INC.

Principal Place of Business

1320 SOUTH DIXIE HWY
SUITE 780
MIAMI FL 33146
US

Mailing Address

1320 SOUTH DIXIE HWY
SUITE 780
MIAMI FL 33146
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/01/1978

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

9. Name and Address of Current Registered Agent

MARC A DOUTHIT
10800 BISCAYNE BLVD 950
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

Lazara Villa

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

17881 NW 78 Place

83

84 City

Miami, FL 33015

FL

85 Zip Code

33015

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Lazara Villa

5-29-99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME MARC A DOUTHIT
STREET ADDRESS 10800 BISCAYNE BLVD 950
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME VPD
NAME RAINEY, GERALD W
STREET ADDRESS 20271 NW 10TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE

NAME DS
NAME COXE, SHERRY
STREET ADDRESS 150 W FLAGLER ST #1901
CITY-ST-ZIP MAIMI FL 33130

TITLE ☐ DELETE

NAME TD
NAME VENTURA, RALPH
STREET ADDRESS 2250 SW AVE
CITY-ST-ZIP MIAMI FL 33129

TITLE ☒ DELETE

NAME ED
NAME DAVID L KILLAM
STREET ADDRESS 15142 SW 171 ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Lazara villa
1.3 STREET ADDRESS 17881 NW 78 Place
1.4 CITY-ST-ZIP Miami, FL 33015

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Ex. Director
5.3 STREET ADDRESS Deborah Ally
5.4 CITY-ST-ZIP 300 Fairway DR. #9
Miami Lakes, FL 33014

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah Ally* DEBORAH MCQUITTER ALLY 5/25/99 305-668-4407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0031546