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, PROFIT
CORPORATION
ANNUAL REPORT

1997

DBR HOLLYWOOD, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F77742

(7)

FILED Jan 17 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address				t indring zite innet fontt innet bines tilt firmt dint binte bint binte binte binte binte binte binte					
STOO N. 29TH (HOLLYWOOD F		3100 N. 29TH CT #201 HOLLYWOOD FL 33020-1321							
						3. Date Incorporated or Qualified 04/26/1982		te of Last R 23/1996	eport
	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-2384023			t Applicable
Suite Apt.		Suite, Apt #, etc				5. Certificate of Status Desired		\$8.75 A	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zφ	Country	Zip	Count	try		8. This corporation has liability for i			. 199.032
4	25		30				Yes [
- Dry	9. Name and Address of Curren	t Registered Agent		31	Nome	10. Name and Address of New Re	gistered /	\gent	
	NO, REGINA		l°	"	Name				
	DS. OCEAN DR. #10H LYWOOD FL 33019		8	12	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
. nou	T14000 LT 22018		8	33					
			8	34	City			85 Zip	Code
				1	•	poration submits this statement for the p tion's board of directors. I hereby accep	FL		
SIGNATURE	Signatus, typica or proced team of registered age OFFICERS AN	D DIRECTORS	13.		I signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	date ERS AND		
TITLE	PSD PEONA	DELETE	1.1 TITLE	Ε				Change	Addition
NAME	REYNO, REGINA 1600 S. OCEAN DR.#10H		1.2 NAM						
STREET ADDRESS	HOLLYWOOD FL		1		ADDRESS				
CITY-ST-7IP TITLE	10 III III III III III III III III III I	DELETE	1.4 CITY 2.1 TITU		- 2IP			Change	Addition
NAME	REYNO, MANUEL	better	2.7 TO U					Onlinge	Abdition
STREET ADDRESS	1600 S. OCEAN DR. #10H		1		ADDRESS				
City-St-7IP	HOLLYWOOD FL		2. 4 CITY		!				
Tofale		DELETE	3.1 1ITL					Change	Addition
NAME	6		3.2 NAM	ŧE					
STREET ADURESS			3.3 STRE	EET A	ADDRESS				
CITY-ST-ZIP			3.4 CITY	_	r-ZIP				10000
TITLE		☐ DELETE	4.1 TITLI					L Change	Addition
NAME			4. 2 NAN						
STREET ADDRESS					ADDRESS				
DITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE		- LIP			Change	Addition
NAME		La pereve	52 NAM)			- Orienta	Manda
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP			5.4 D/TY						
THEE		DELETE	61 TITL	••••		**************************************		Change	Addition
NAME			6.2 NAM	ΛE					
STREET ADDRESS			6.3 STRE	EET #	ADDRESS				
CITY - ST - ZIP			6.4 CITY	r-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 Brook 12 or Block 13 if proged or on an attachment with an address.

SIGNATURE:

Albana Alynd Signature and typed on printed name of Signing Officer on Director 1/9/97 (954)926-0226