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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000002725 (8)**

1. Corporation Name

D.B.M. FORCE INC.

Principal Place of Business	Mailing Address
C/O DONNA CIANCIO 6700 CYPRESS ROAD SUITE 406 PLANTATION FL 33317	C/O DONNA CIANCIO 6700 CYPRESS ROAD SUITE 406 PLANTATION FL 33317

3. Date Incorporated or Qualified: 06/07/1995
3a. Date of Last Report: 06/07/1995

2. Principal Place of Business
21: 10813 NW 9th CT
22: Suite, Apt. #, etc.:
23: City & State: PLANTATION FL
24: Zip: 33324
25: Country: USA

2a. Mailing Address: C/O DONNA CIANCIO
26: 6700 CYPRESS ROAD
27: Suite, Apt. #, etc.: Suite 406
28: City & State: PLANTATION FL
29: Zip: 33317
30: Country: USA

4. FEI Number: APPLIED FOR 65-0595816 ☐ 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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200 A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name: DONNA CIANCIO
82 Street Address (P.O. Box Number is Not Acceptable): 6700 CYPRESS ROAD
83: Suite 406
84 City: PLANTATION FL 85 Zip Code: 33317

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] DATE: 3/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCT JEAN-LOUIS, MARTIN 11 GEORGES HOLE ROAD NEWTON CT 06470	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D BENEDICTE BERLIOUX 11 GEORGES HOLE ROAD NEWTON CT 06470 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DIDIER, BRAMY 6200 CYPRESS ROAD SUITE 406 PLANTATION FL 33317	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PDST DIDIER BRAMY 10813 NW 9TH CT PLANTATION FL 33324 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ODILE, MARTIN 11 GEORGES HILL ROAD NEWTON CT 06470	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD ODILE MARTIN 11 GEORGES HILL ROAD NEWTON CT 06470 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D DENISE BRAMY 10813 NW 9TH CT PLANTATION FL 33324 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 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] DIDIER BRAMY 3/17/96 (954) 2363398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #