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FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

10813 NW 9TH CT
PLANTATION FL 33324
US

Mailing Address

C/O DONNA CIANCIO
6700 CYPRESS RD SUITE 405
PLANTATION FL 33317-3037
US

3. Date Incorporated or Qualified
06/07/1995

3a. Date of Last Report
04/03/1996

4. FEI Number

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

2. Principal Place of Business

21 6700 CYPRESS RD.

Suite, Apt. #, etc.

22 Suite 405

City & State

23 PLANTATION FL

Zip

24 33317

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CIANCIO, DONNA
6700 CYPRESS RD SUITE 405
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature of the person named as registered agent and file if applicable

DIDIER BRAMY PRESIDENT

4/6/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BERLIOUX, BENEDICTE
STREET ADDRESS 11 GEORGES HOLK RD
CITY-ST-ZIP NEWTON CT

TITLE PDST ☐ DELETE
NAME BRAMY, DIDIER
STREET ADDRESS 10813 NW 9TH COURT
CITY-ST-ZIP PLANTATION FL

TITLE VD ☐ DELETE
NAME ODILE, MARTIN
STREET ADDRESS 11 GEORGES HILL ROAD
CITY-ST-ZIP NEWTON CT

TITLE D ☐ DELETE
NAME BRAMY, D ENISE
STREET ADDRESS 10813 NW 9TH CT
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.3 STREET ADDRESS 11 GEORGES HILL ROAD
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6700 CYPRESS RD. #405
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 6700 CYPRESS RD. #405
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIDIER BRAMY PRESIDENT 4/6/97 (954) 3216773

CR2E034 (9/96)