

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90074 049 ***158.75

DOCUMENT # F95000002725

1. Corporation Name
D.B.M. FORCE INC.

Principal Place of Business

6700 CYPRESS RD
SUITE 405
PLANTATION FL 33317
US

Mailing Address

C/O DIDIER BRAMY/6700 CYPRESS RD. #405
6700 CYPRESS RD SUITE 405
PLANTATION FL 33317
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1995

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7521 NW 6TH CT.

2a. Mailing Address

26 P.O. BOX 17115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PLANTATION FL

City & State

28 PLANTATION FL

Zip

24 33317-1006 25 USA

Zip

29 33318-7115 30 USA

9. Name and Address of Current Registered Agent

BRAMY, DIDIER
6700 CYPRESS RD, STE 405
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name BRAMY, DIDIER

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

7521 NW 6th CT.

83

84 City PLANTATION

FL

85 Zip Code

33317-1006

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

DIDIER BRAMY

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

(NOTE: Registered Agent signature required when reinstating)

4/11/99

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME PDST
STREET ADDRESS BRAMY, DIDIER
CITY-ST-ZIP 6700 CYPRESS RD, #405
PLANTATION FL

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS BRAMY, D ENISE
CITY-ST-ZIP 6700 CYPRESS RD, #405
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
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7521 NW 6th CT.
2.4 CITY-ST-ZIP PLANTATION-FL-33317

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 7521 NW 6th CT.
4.4 CITY-ST-ZIP PLANTATION-FL-33317

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 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, with all other like empowered.

SIGNATURE:

DIDIER BRAMY PRESIDENT

Date

Daytime Phone #

4/11/99 (954)321-6773