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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # L40346 (3)

1. Corporation Name

DSL MIAMI, INC.

Principal Place of Business	Mailing Address
% FRANK REYES 1300 NW 78TH AVE. MIAMI, FL 33126	% FRANK REYES 1300 NW 78TH AVE. MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/90
3a. Date of Last Report: 05/01/94

2. Principal Place of Business	2a. Mailing Address
21 9901 NW 106 ST	26 9901 NW 106 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MEDLEY, FL	28 City & State: MEDLEY, FL
24 Zip: 33178 25 Country	29 Zip: 33178 30 Country

4. FEI Number: 65-0167361 ☐ 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	10. Name and Address of New Registered Agent
REYES, FRANK L. 1300 NW 78TH AVE. MIAMI, FL 33126	81 Name: REYES, FRANK L. 82 Street Address (P.O. Box Number is Not Acceptable) 83 9901 NW 106 ST 84 City: MEDLEY FL 85 Zip Code: 33178

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 _____ (NOTE: Registered Agent signature required when necessary) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CLARKE, PHILLIP V., SR.	12 NAME	
STREET ADDRESS	1310 OCEAN BLVD.	13 STREET ADDRESS	
CITY ST ZIP	LONG BEACH, CA	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GRANTHAM, PAUL COLBERT	22 NAME	
STREET ADDRESS	2640 BASSWOOD AVE.	23 STREET ADDRESS	
CITY ST ZIP	NEWPORT BEACH, CA	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CRANDALL, DARSE E.	32 NAME	
STREET ADDRESS	3345 HARVEY WAY BLVD.	33 STREET ADDRESS	
CITY ST ZIP	LAKEWOOD, CA	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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****200.00 ☐ Change ☐ Addition

DP 5-1-95

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)(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: Dana S [illegible] 5/4/95 213-563-7761
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #