FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 28 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M67914

1. Corporation Name
DSG HOLDING COMPANY, INC.

Principal Place of Business
17450 BISCAYNE BLVD.
N. MIAMI BEACH, FL 33160

Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 2/11/88
3a. Date of Last Report: 10/19/94

2. Principal Place of Business — 21
2a. Mailing Address — 26: 11260 NW 18 ST.
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: PLANTATION, FL 33313
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0099572 ☐ 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

HUGH D. McNEW, ESQ.
3361 N.E. 170 ST.
N. MIAMI BEACH, FL 33160

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 607.150d, 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 _____ DATE
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	D	11 TITLE	☒ Change ☐ Addition	
NAME	DAVID SHOMERS	12 NAME		
STREET ADDRESS	1015 N.E. 133rd ST.	13 STREET ADDRESS	14970 S. BISCAYNE RIVER DR.	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	14 CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	21 TITLE	☒ Change ☐ Addition	
NAME	ANTHONY R. ANDREONI	22 NAME		
STREET ADDRESS	8248 N.W. 9th STREET	23 STREET ADDRESS	11260 N.W. 18 ST.	
CITY-ST-ZIP	PLANTATION, FL	24 CITY-ST-ZIP	PLANTATION, FL 33313	
TITLE		31 TITLE	☐ Change ☐ Addition	
NAME		32 NAME	300001526433	
STREET ADDRESS		33 STREET ADDRESS	-06/29/95--01012--016	
CITY-ST-ZIP		34 CITY-ST-ZIP	****225.00 ****225.00	
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		

AR 6/28

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: Anthony R. Andreoni 6/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Anthony R. Andreoni