SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Sep 26 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE Sandra B. Mortham CORPORATION Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # M67914 (5) DSG HOLDING COMPANY, INC. Principal Place of Business Mailing Address 17450 BISCAYNE BLVD. 11260 NW 18 ST NORTH MIAMI BEACH FL 33160 PLANTATION FL 33313 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 02/07/1996 02/11/1988 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0099572 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCNEW, HUGH D., ESQ. 3361 NE 170 ST Street Address (P.O. Box Number is Not Acceptable) N MIAMI BEACH FL 33160 83 84 City Zip Code 85 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 above to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered paralliar with and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to office or reg SIGNATURE Significe, typed or printed name of rog stored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/9/ DELETE Change ___ Addition TITLE 1.1 TITLE SHOMERS, DAVID NAME 1.2 NAME 14970 S BISCAYNE RIVER DR STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.17(11.8) ANDREONI, ANTHONY R. NAME 2.2 NAME 11260 NW 18 ST 2.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL** CITY-ST-ZIP 2, 4 City-SJ - ZiP DELETE Change Addition TITLE 3.1 1ITUE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y-ST-Z(P TITLE DELETE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 DITY-ST-ZIP DELETE ☐ Change Addition TITLE 61 TILLE 700002305447 -09/29/97--01003--018 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***550.00 CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. Ido 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 cortify that the information indicated on this abruill 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 fit the receiver of truster empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 on Block 13 is charged, or on an appear with an address.

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