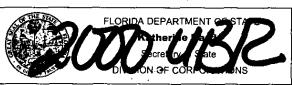
PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # i. Corporation Name

M67914

DSG HOLDING COMPANY, INC.

incipal Place of Business

Mailing Address

FILED

00 JUN 12 AM II: 35

SECRETARY OF STATE TALLAHASSEE FLORIDA

| 1745 | 0 Biscayne Bouleva | rd 11260 NW | 18 Street | | | |
|--|--|--|--|--|---|--|
| North Miami Beach, FL 33160 Plantation, FL 33313 | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualified | * | |
| | | | | February 11, 1988 | | |
| Principal Place of Business 2a. Mailing Address 26 | | | 4. FEI Number | Applied For | | |
| | | | | 65-0099572 | Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | \$8.75 Additional Fee Required | | |
| City & State City & State | | | | 6. Election Campaign Financing | _ | |
| | | ├─ ┐ ′ | | Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip .— | Country | Zip | Country | This corporation owes the current year Intangible | | |
| • | 25 | 29 | 30 | Personal Property Tax. | | |
| | 9. Name and Address of Cu | | 1961 | 10. Name and Address of New Registered Ag | | |
| Hugh | D. McNew, Esq. | | 81 Name | | <u>.</u> | |
| _ | • | | <u> </u> | Steven C. Elkin | | |
| 3361 NE 170 Street | | | 82 Street Ad | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| Nort | h Miami Beach, FL | 33160 | 83 | 110 SE 6th Street, 15th Floo | <u></u> | |
| | | | " | | | |
| | | | 84 City | 71 1 1 1 1 1 1 | 35 Zip Code 33301 | |
| | | | | Fort Lauderdale FL | | |
| agent. I a | am familiar with and accept the ob | ate of Florida. Such change was lightions of, Section 607.0505, Fl | authorized by the corpora orida Statutes. | ation's board of directors. I hereby accept the appointm | ent as registered | |
| | Signature, typed or printed name of registered | | E: Registered Agent signature requ | ured when reinstating) DATE | | |
| | | AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND I | DIRECTORS IN 12 | |
| ` | D, P | ☐ DELETE | 1.1 TITLE | | Change Addition | |
| | Shomers, David | | 1.2 NAME | المنا في المن المن المن المن المن المن المن المن | ,-,-,, | |
| _1 ALUKESS | 14970 S. Biscayne | River Drive | 1.3 STREET ADDRESS | 7000033256 | NOT THE | |
| ST-ZIP | Miami, FL | | 1.4 CITY-ST-ZIP | 07/18/0001(****550.00 | #### <u>#</u> ############################### | |
| | D, VP, S, T | ☐ DELETE | 2.1 TITLE | | Change Addition | |
| | Andreoni, Anthony | R. | 2.2 NAME | | | |
| LAGURESS | 11260::NW: 183Stree | | | | | |
| ST ZIP | Plantation, FL 2.4 CITY-ST-ZIP | | | | | |
| | | DELETE- | | | Change — E Addition | |
| | I | | 3.2 NAME | | | |
| LADDRESS | .[| | 3.3 STREET ADDRESS | | | |
| ST ZIP | | | 3.4. CITY-ST-ZIP | | | |
| | <u> </u> | ☐ DELETE | 4.1 TITLE | | Change Addition | |
| | 1 | | 4. 2 NAME | <u></u> | , onlings | |
| | ! | | 1 | | | |
| | .! | | | | | |
| ា គរីងប្រាញ្ញវូនី | | | 4.3 STREET ADDRESS | | | |
| | | □ DELETE | 4.4 CFTY-ST-ZIP | | Change Addition | |
| | | ☐ DELETE | 4.4 CFTY-ST-ZIP 5.1 TITLE | _ | Change | |
| st zip | | DELETE | 4.4 CFTY-ST-ZIP 5.1 TITLE 5.2 NAME | . : ' | Change Addition | |
| ST ZIP | | DELETE | 4.4 CFTY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | _ | Change Addition | |
| ST ZIP | | · · · · · · · · · · · · · · · · · · · | 4.4 CFTY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | |
| ST ZIP | | ☐ DELETE | 4.4 CFTY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CFTY-ST-ZIP 6.1 TITLE | | Change Addition | |
| ST ZIP | | · · · · · · · · · · · · · · · · · · · | 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | | | |
| ST ZIP | | · · · · · · · · · · · · · · · · · · · | 4.4 CFTY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CFTY-ST-ZIP 6.1 TITLE | | | |

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 attack ment with an address, with all other like empowered.

SHATURE:

MANUN—
IGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF S