

DOCUMENT # P00000008759

1. Entity Name
D.M. INTERNATIONAL MANAGEMENT, CORP.

Principal Place of Business

**407 LINCOLN ROAD
SUITE 710
MIAMI BEACH FL 33139**

Mailing Address

**407 LINCOLN ROAD
SUITE 710
MIAMI BEACH FL 33139**

2. Principal Place of Business

407 LINCOLN RD

Suite, Apt. #, etc.

SUITE 706

City & State

MIAMI BEACH

Zip

33139

Country

USA

3. Mailing Address

407 LINCOLN ROAD

Suite, Apt. #, etc.

STE 706

City & State

MIAMI BEACH

Zip

33139

Country

USA

4. FEI Number

65-0977259

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CRESPO, DAVID
407 LINCOLN ROAD
SUITE 710
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CRESPO, DAVID**
STREET ADDRESS **1420 COLLINS AVENUE, APT. 20**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Delete
NAME **PERERA, MARLENE**
STREET ADDRESS **940 BIARRITZ DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD/S/T** ☒ Change ☐ Addition
NAME **CRESPO DAVID**
STREET ADDRESS **30 SOUTH SHORE DRIVE #410**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **D** ☒ Change ☐ Addition
NAME **PERERA MARLENE**
STREET ADDRESS **30 SOUTH SHORE DR. #410**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Crespo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/01
Date

(305) 6748124
Daytime Phone #

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90041 001 *****8.75

01-13-2001 90041 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)