FILED
Jun 26, 2001 8:00 am
Secretary of State
05-18-2001 91218 011 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070887

1. Entity Name

DS COMM, INC.

Principal Place of Business	Mailing Address
145 MADEIRA AVE SUITE 310 CORAL GABLES FL. 33134	145 MADEIRA AVE SUITE 310 CORAL GABLES FL. 33134

[redacted] – 8748

2. Principal Place of Business	3. Mailing Address
21	
Suite, Apt. #, etc. 22	26 Suite, Apt. #, etc.
City & State 23	27 City & State
Zip 24 County 25	28 Zip County

4. FEI Number 65-102-9952 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	81 RAUL SANCHEZ DE VARONA
RAUL SANCHEZ DE VARONA 145 MADEIRA AVE SUITE 310 CORAL GABLES FL. 33134	82 Street Address (P.O. Box Number is Not Acceptable) TEL 305 7438600
	83 145 MADEIRA AVE
	84 FL

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

SIGNATURE _____
Signature required 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, 2000 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		12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☒ Addition President Miguel A. Barbagallo 2100 Brandon Blvd., Ste. 101 Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☒ Addition Vice-President Alberto Barbagallo 2100 Brandon Blvd, Ste. 101 Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

13. I do 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 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 11 or Block 12 if changed or added on an attachment with an address.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #