

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P92000011083 (2)

1. Corporation Name
DVMB, INC.

Principal Place of Business
**701 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131-2851**



2. Principal Place of Business
21 **200 S. Biscayne Blvd.**

Suite, Apt #, etc.
22 **20th Floor**

City & State
23 **Miami, FL**

Zip
24 **33131**

Country
25 **USA**

2a. Mailing Address
26 **200 S. Biscayne Blvd.**

Suite, Apt #, etc.
27 **20th Floor**

City & State
28 **Miami, FL**

Zip
29 **33131**

Country
30 **USA**

3. Date Incorporated or Qualified
12/10/1992

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3215416

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

10. Name and Address of New Registered Agent

**ROSSZ FIU CORPORATION
701 BRICKELL AVENUE
SUITE 1200
MIAMI FL 33131
XXXXXXXX**

(Change of Address Only)

81 Name

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

200 S. Biscayne Blvd.,

20th Floor

84 City
Miami,

FL

85 Zip Code
33131

11. Pursuant to 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 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

Signer's typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
OUGRIK, ALEXIS
701 BRICKELL AVENUE SUITE 1200
MIAMI FL 33131**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☒ Change ☐ Addition
**(Address Only)
200 S. Biscayne Blvd., 20th Floor
Miami, FL 33131**

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
**S
JAN CARSON CHEEZEM
200 S. Biscayne Blvd., 20th Floor
Miami, FL 33131**

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

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN CARSON CHEEZEM

4/29/97

(305) 358-7605

Daytime Phone #

0172101

CP2E034 (9/96)