

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000017903 (4)

1. Corporation Name

DPS CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

220 MIRACLE MILE
STE 207
CORAL GABLES FL 33134
US

220 MIRACLE MILE
SUITE 207
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/10/1993

3a. Date of Last Report

04/26/1994

4. FBI Number

85-0393263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under §. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAISLEY, COE C
345 REDWOOD LANE
KEY BISCAYNE FL 33149

81 Name

DONALD P. SORCINELLI

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

1011 SW 42 AVE

83

84 City

MIAMI

FL

85 Zip Code

33134

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

(Signature of Agent or Director of Registered Agent when a corporation)

(Signature of Registered Agent signature required when registering)

5/8/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SORCINELLI, DONALD P
STREET ADDRESS	3700 NW 58 AVE #12
CITY - ST - ZIP	VIRGINIA GARDENS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	DONALD P. SORCINELLI	
1.3 STREET ADDRESS	1011 SW 42 AVE #12	
1.4 CITY - ST - ZIP	MIAMI, FL 33134	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 of Donald P. Sorcinelli, Jr.)

DONALD P. SORCINELLI, JR. 5/8/95 (305) 446-1990

(Signature and typed or printed name of signing officer or director)

Date

Telephone Number