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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

DOCUMENT # P94000015081 (0)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIRECT SATELLITE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office Address 2500 N.W. 39TH ST. MIAMI FL 33142		2a. Mailing Address 2500 N.W. 39TH ST MIAMI FL 33142	
2. Fiscal Year End Date 12/31/95		3. Date incorporated (if applicable) 02/24/1994	
21. State of Incorporation FL		3a. Date of Last Report N/A	
22. State of Principal Office FL		4. FID Number 65-0471856	
23. City & State MIAMI, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24. Filing Agent DAE		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
25. Filing Agent Address DAE		7. Does corporation have business in interstate commerce? ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent STAMM, WARREN J ESQ. 2500 N.W. 39TH ST. MIAMI FL 33142		10. Name and Address of New Registered Agent 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: FL 85 Zip Code:	
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11. Declaration: I, the undersigned, being a director or officer of the corporation, do hereby certify that the foregoing is a true and correct statement of the corporation's affairs for the year ended December 31, 1995, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE: _____ **DATE:** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	PD PASCUCI, SAMUEL	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	14591 SUNSET LANE	2. NAME	
CITY & STATE	FT. LAUDERDALE FL 33330	3. NAME	
NAME	VD MIXSON, RICHARD A	4. NAME	☐ Change ☐ Addition
STREET ADDRESS	14825 S.W. 81ST AVENUE	5. NAME	
CITY & STATE	MIAMI FL 33155	6. NAME	
NAME	STD BARR, ARTHUR	7. NAME	☐ Change ☐ Addition
STREET ADDRESS	1000 ISLAND BLVD.	8. NAME	
CITY & STATE	N. MIAMI BEACH FL 33160	9. NAME	
NAME		10. NAME	☐ Change ☐ Addition
STREET ADDRESS		11. NAME	
CITY & STATE		12. NAME	
NAME		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY & STATE		15. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.01(1)(b) Florida Statutes. I further certify that the information made public in this annual report or supplemental annual report is true and accurate and that my corporation shall have this report legible and made available to the public within 10 days of the filing of this report or the receipt of the report as required by Chapter 139 Florida Statutes, and that any untrue information therein is false and that I am not aware of any other untrue information.

SIGNATURE: *Richard A. Mixson* **DATE:** 4-24-94 **FILED:** 634-8800