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

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P94000061756 (0)

DCH INTERNATIONAL, INC.

Principal Place of Business Mailing Address 11151 NW 36TH AVENUE P.O. BOX 470338 MIAM! FL 33167 MIAMI FL 33247-0338 3. Date incorporated or Qualified 3a, Date of Last Report 08/22/1994 12/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 <u>65-0513933</u> Not Applicable Suite Apl. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country Ζıp Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LATCH, PAUL E 11151 NW 36TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33167 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition LATCH, PAUL E NAME 1.2 NAME 11151 NW 36TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33167 CITY-ST-ZIF 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE \_\_\_ Change \_\_\_ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZiF 2.4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY - ST - ZIP DELETE Change 1000 Addition 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

I am an officer or direct appears in Block 12 or

STREET ADDRESS

CITY-ST-ZIP

305-688-9199

**FILED** 

Feb 12 1997 8:00am

Secretary of State