FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 23 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088293

1. Corporation Name

DCS Communications, Inc.

Principal Place of Business	Mailing Address
8754 S.W. 8th Street Miami, Florida 33174	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1994
3a. Date of Last Report: N/A

2. Principal Place of Business (21)	2a. Mailing Address (26): 2300 N.W. 89th Place	4. FEI Number: 650400339	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27): 2nd Floor	5. Certificate of Status Desired: XX	$8.75 Additional Fee Required
City & State (23)	City & State (28): Miami, Florida	6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
Zip (24) / Country (25)	Zip (29): 33172 / Country (30): USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XX No	

9. Name and Address of Current Registered Agent

Raul Botana
8754 S.W. 8th Street
Miami, Florida 33174

10. Name and Address of New Registered Agent

81 Name: Jonathan Lieberman
82 Street Address (P.O. Box Number is Not Acceptable): 2300 N.W. 89th Place.
83: 2nd Floor
84 City: Miami FL 85 Zip Code: 33172

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: Jonathan Lieberman, Secretary — 6/14/95
Signature of officer or director of Registered Agent firm 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	P/S/T/D Eduardo Narosky 2300 N.W. 89th Place, 2nd Floor Miami, Florida 33172	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition Secretary Jonathan Lieberman 2300 N.W. 89th Place., 2nd Floor Miami, Florida 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition 200001522782 -06/26/95--01028--014 *****233.75 *****233.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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 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: Jonathan Lieberman Secretary — 6/14/95 — (305) 594-1066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jonathan Lieberman