

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000088293 (3)**

1. Corporation Name

D C S COMMUNICATIONS, INC.



Principal Place of Business

**8754 S.W. 8TH ST.
MIAMI FL 33174**

Mailing Address

**2300 N.W. 89TH PL.
2ND FLOOR
MIAMI FL 33172**

3. Date Incorporated or Qualified
12/06/1994

3a. Date of Last Report
09/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **4770 Biscayne Blvd.**

26 **4770 Biscayne Blvd.**

4. FEI Number

65-0400330-65-0539461

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

22 **Suite 880**

27 **Suite 880**

City & State

City & State

23 **Miami, Florida**

28 **Miami, Florida**

Zip

Country

Zip

Country

24 **33137**

25 **USA**

29 **33137**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIEBERMAN, JONATHAN
2300 N.W. 89TH PLACE
2ND. FLOOR
MIAMI FL 33172**

81 Name

Jonathan Lieberman

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

4770 Biscayne Blvd.

83

Suite 880

84 City

Miami

85

Zip Code

FL 33137

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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jonathan Lieberman President (Jonathan Lieberman)

2/21/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PSTD**
STREET ADDRESS **LIEBERMAN, JONATHAN**
CITY-ST-ZIP **2300 N.W. 89TH PL. 2ND. FLOOR**
MIAMI FL 33172

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Address change only: ***
4770 Biscayne,
Suite 880

Miami, FL 33137

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)(k), 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 attachment with an address.

SIGNATURE:

Jonathan Lieberman (Jonathan Lieberman)

2/21/96

DATE

(305) 573-5300

Daytime Phone #

CR2E034 (12/95)