

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

**FILED**  
**Apr 02 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # P95000025099 (9)**

1. Corporation Name  
**D.S.I.B., INC.**



Principal Place of Business  
**P.O. BOX 560186  
MIAMI FL 33156**

Mailing Address  
**P.O. BOX 560186  
MIAMI FL 33156**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

9. Name and Address of Current Registered Agent

**PERETZ, STEVEN I  
1970 MIAMI CENTER 201 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**03/29/1995**

3a. Date of Last Report

4. FEI Number

**65-0577744**

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 s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**D  
BITZ, MICHAEL D  
P.O. BOX 560186 N/A  
MIAMI FL 33156**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true and correct, and that I am an officer or director of the corporation or the owner or trustee, or authorized agent, 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 owner or trustee, or authorized agent, 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 owner or trustee, or authorized agent, 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 owner or trustee, or authorized agent, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D. Michael Bitz**

**3/26/96**

**305-271-2982**

CR2E034 (12/95)