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 # **P95000041981 (8)**

1. Corporation Name

DBCL VENTURES, INC.

Principal Place of Business: ~~3535 MAGELLAN CIR UNIT 525 AVENTURA FL 33180~~ c/o Greenberg 19572 Planters Point DRIVE BOCA RATON, FL 33434

Mailing Address: ~~3535 MAGELLAN CIR UNIT 525 AVENTURA FL 33180~~ c/o Greenberg 19572 PLANTERS PT. DR BOCA RATON, FL 33434

2. Principal Place of Business
21 Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/24/1995

3a. Date of Last Report

4. FEI Number: 65-0583519 — 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

9. Name and Address of Current Registered Agent

LEFFLER, DONNABETH
~~3535 MAGELLAN CIR~~
~~UNIT 525~~
~~AVENTURA FL 33180~~
c/o Greenberg 19572 Planters Pt. Dr. BOCA Raton, FL 33434

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — **FL** — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0504, 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
D	LEFFLER, DONNABETH	~~3535 MAGELLAN CIR UNIT 525~~ c/o Greenberg 19572 Planters Point Dr.	~~AVENTURA FL 33180~~ BOCA RATON, FL 33434	☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE / 1. NAME / 1. STREET ADDRESS / 1. CITY-ST-ZIP		☐ Change ☐ Addition
2. TITLE / 2. NAME / 2. STREET ADDRESS / 2. CITY-ST-ZIP		☐ Change ☐ Addition
3. TITLE / 3. NAME / 3. STREET ADDRESS / 3. CITY-ST-ZIP		☐ Change ☐ Addition
4. TITLE / 4. NAME / 4. STREET ADDRESS / 4. CITY-ST-ZIP		☐ Change ☐ Addition
5. TITLE / 5. NAME / 5. STREET ADDRESS / 5. CITY-ST-ZIP		☐ Change ☐ Addition
6. TITLE / 6. NAME / 6. STREET ADDRESS / 6. CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is accurate, and I am aware that pursuant to 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in Block 14 if changed, or in Block 15 if a new officer or director.

SIGNATURE: Donnabeth Cohen Leffler — 3-25-96 — 305/936-0375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

CR2E034 (12/95)