SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 NOV 22 AM 9:20
SECRETARY OF STATE

DOCUMENT # **P95000082371 (2)**

1. Corporation Name
D & S CAPITAL INVESTMENT, INC.

REINSTATEMENT 1996 MWB 11-25-96

Principal Place of Business	Mailing Address
444 BRICKELL AVE. SUITE 51-437 MIAMI FL 33131-249 2	444 BRICKELL AVE. SUITE 51-437 MIAMI FL 33131-249 2

3. Date Incorporated or Qualified: 10/23/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 13472 Biscayne BLVD.	26
Suite, Apt. #, etc. 22 N. Miami, FL	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 33161 / 25 USA	Zip / Country 29 / 30

4. FEI Number: 65-0652703 ☐ 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	10. Name and Address of New Registered Agent
HARRIS, MARIA 444 BRICKELL AVE, SUITE 51-437 MIAMI FL 33131-249	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 607.1508, 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: Maria A Harris President 11/21/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	V.P. ☐ Change ☑ Addition
NAME	HARRIS, MARIA		1.2 NAME	GABRIEL HARRIS
STREET ADDRESS	444 BRICKELL AVE, SUITE 51-437		1.3 STREET ADDRESS	13472 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL 33131-249		1.4 CITY-ST-ZIP	N MIAMI FL 33161
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	100002014301--1
STREET ADDRESS			2.3 STREET ADDRESS	-11/26/96--01099--002
CITY-ST-ZIP			2.4 CITY-ST-ZIP	*****375.00 *****375.00
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maria A Harris MARIA A HARRIS 9/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #