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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000088647 (9)**

1. Corporation Name
D'VOX, INC.

Principal Place of Business	Mailing Address
14 N.E. 1ST AVENUE SUITE 510 MIAMI FL 33132	14 N.E. 1ST AVENUE SUITE 510 MIAMI FL 33132-2406

3. Date Incorporated or Qualified: 11/17/1995
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21: 3550 BISCAYNE BLVD
22 Suite, Apt. #, etc.: SUITE # 207
23 City & State: MIAMI, FLORIDA
24 Zip: 33137
25 Country: US

2a. Mailing Address
26: C/o 7098 BONITA DR
27 Suite, Apt. #, etc.:
28 City & State: MIAMI BEACH, FLORIDA
29 Zip: 33141
30 Country: US

4. FEI Number: 65-0623252 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$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: XX Yes ☐ No

9. Name and Address of Current Registered Agent
OMES, ALEJANDRO
14 N.E. 1ST AVENUE
SUITE 510
MIAMI FL 33132

10. Name and Address of New Registered Agent
81 Name: OMES, ALEJANDRO
82 Street Address (P.O. Box Number is Not Acceptable): 1900 SOUTH TREASURE DRIVE
83: SUITE # 8 P
84 City: MIAMI BEACH FL 85 Zip Code: 33141

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: X _____ 04/12/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD OMES, ALEJANDRO 14 N.E. 1ST AVENUE, SUITE 510 MIAMI FL 33132	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PSTD OMES, ALEJANDRO 1900 SOUTH TREASURE DRIVE, STE 8-P MIAMI BEACH, FLORIDA 33141	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CAPELLA, DIEGO 14 N.E. 1ST AVENUE MIAMI FL 33132	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DVP CAPELLA, DIEGO 3550 BISCAYNE BLVD, STE. # 207 MIAMI, FLORIDA 33137	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DIAMOND, GLENN 14 N.E. 1ST AVENUE MIAMI FL 33132	X DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: X _____ 04/12/97