


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000007196 (4)					
1. Corporation Name D.S.'S ANTIQUES INC.					
Principal Place of Business 11180 S.W. 57TH STREET MIAMI FL 33173			Mailing Address 11180 S.W. 57TH STREET MIAMI FL 33173-1104		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report NA	
22. City & State		27. City & State		4. FEI Number Not Applicable	
23. Zip		28. Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SCHUH, DAVID M 11180 S.W. 57TH STREET MIAMI FL 33173			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83. City			84. Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: David M. Schuh (NOTE: Registered Agent signature required when reinstating) DATE: 4/15/97					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE			1.1 TITLE		
1.2 NAME			1.2 NAME		
1.3 STREET ADDRESS			1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP			1.4 CITY - ST - ZIP		
2.1 TITLE			2.1 TITLE		
2.2 NAME			2.2 NAME		
2.3 STREET ADDRESS			2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP			2.4 CITY - ST - ZIP		
3.1 TITLE			3.1 TITLE		
3.2 NAME			3.2 NAME		
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5.1 TITLE			5.1 TITLE		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP			5.4 CITY - ST - ZIP		
6.1 TITLE			6.1 TITLE		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP			6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing of 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 of the corporation or the receiver or trustee of the corporation and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report.					
SIGNATURE: David M. Schuh 4-10-97 305-595-6749					
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR					



CR2E034 (9/96)