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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State ... • DIVISION OF CORPORATIONS

DOCUMENT # P96000040210 (2)

DB INTERNATIONAL SERVICES, CORP.

Principal Place of Business Mailing Address 8524-S.WX 107TH AVE 8524 B.W. LOTTH AVE /33173-4403 3. Date Incorporated or Qualified 3a. Date of Last Report 05/09/1996 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 65-6678792 7223NW54St. -Same 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIDMI, 28 Added to Fees Trust Fund Contribution Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, 25 Pade 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent filiho, duriyal f DURVAL FUSCHINI FILHO 6039 COLLINS AV. 1232 8524 8.W. 1077H AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI, BEACH, FL, 33141 84 City Zip Code 85 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. (NOT) Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. TITLE DELETE 1.1 TITLE Change Durral Fuschini Filho NAME 1.2 NAME 6039 Collins Ave 1232 STREET ADDRESS 1.3 STREET ADDRESS Miomi Beach FL, 331 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change 2.11111.0 VICE-PD. Addition TITLE 2.2 NAME Luis F. Guerra to Correa 6039 Collins Ave. 1232 STREET ADDRESS 2.3 STREET ADDRESS Miami Deach, FL, 33141 CITY-ST-ZIP 2 4 CITY - ST - Z(P DELETE ☐ Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-S1-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE **5.1 TITLE** NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP DELETE Change Addilion TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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.

12/23/02 /2003 002 102

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Jun 03 1997 8:00am

Secretary of State