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

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May 05 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 # P96000042123

1. Corporation Name
DTC INTERNATIONAL

| Principal Place of Business | Mailing Address |
|---|---|
| 241 S.W. 113th TERRACE<br>PEMBROKE PINES, FL 33025 | 241 S.W. 113th TERRACE<br>PEMBROKE, PINES, FL 33025 |

3. Date Incorporated or Qualified: AUGUST 1996
3a. Date of Last Report:

2. Principal Place of Business
21 241 S.W. 113th TERRACE
22 Suite, Apt. #, etc:
23 City & State: PEMBROKE PINES, FL
24 Zip: 33025
25 Country: U.S.A.

2a. Mailing Address
26 241 S.W. 113th TERRACE
27 Suite, Apt. #, etc:
28 City & State: PEMBROKE PINES, FL
29 Zip: 33025
30 Country: U.S.A.

4. FEI Number: 650684316 ☐ 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**

STEWART A. MERKIN
RIVERGATE PLAZA, SUITE 300
444 BRICKELL AVENUE
MIAMI, FL 33131

**10. Name and Address of New Registered Agent**

81 Name: ANDREW LEVY
82 Street Address (P.O. Box Number is Not Acceptable): 241 S.W. 113th TERRACE
83
84 City: PEMBROKE PINES FL 85 Zip Code: 33025

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 and am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ANDREW LEVY PRESIDENT APRIL 24 1997
Signature of new 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 | ☐ DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>PRESIDENT<br>ANDREW LEVY<br>241 S.W. 113th TERRACE<br>PEMBROKE PINES FL 33025 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>MW 5-5-97 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | ☐ Change ☐ Addition<br>500002170385<br>-05/08/97--01001--052<br>***165.00 |

CR2E034 (9/96)

14. I 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:** ANDREW LEVY 4/24/97 (954)431-9387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #