

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

FILED
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
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DOCUMENT # **996000842123**

1. Corporation Name:

DTC INTERNATIONAL

Principal Place of Business 241 S.W. 113th TERRACE PEMBROKE PINES, FL 33025	Mailing Address 241 S.W. 113th TERRACE PEMBROKE PINES, FL 33025
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2. Principal Place of Business 21 241 S.W. 113th TERRACE Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES, FL Zip 24 33025	2a. Mailing Address 26 241 S.W. 113th TERRACE Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES, FL Zip 29 33025 Country 30 U.S.A.
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3. Date Incorporated or Qualified AUGUST 1996	3a. Date of Last Report
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	

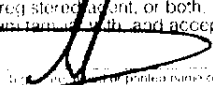
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

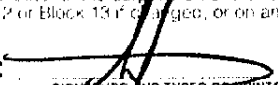
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  **ANDREW LEVY** **PRESIDENT** **APRIL 24 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	ANDREW LEVY
CITY - ST - ZIP		1.4 CITY - ST - ZIP	241 S.W. 113th TERRACE
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	PEMBROKE PINES FL 33025
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	

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*****165.00**

14. I declare by certifying 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 contained 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 #

CR2E034 (9/96)