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Apr 14 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 # **P96000061420 (1)**

1. Corporation Name
D.S.I. INTERNATIONAL INC.

Principal Place of Business
500 EAST BROWARD BLVD. STE 1160
FORT LAUDERDALE FL 33301

Mailing Address
500 EAST BROWARD BLVD. STE 1160
FORT LAUDERDALE FL 33394-3002

3. Date Incorporated or Qualified: 07/22/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1508 SE 3 AVE
22 Suite, Apt #, etc —
23 City & State FT. LAUDERDALE, FL
24 Zip 33316
25 Country BROWARD

2a. Mailing Address
26 PO BOX 670
27 Suite, Apt. #, etc.
28 City & State FT. LAUDERDALE FL
29 Zip 33302
30 Country BROWARD

4. FEI Number 65-0692142 ☐ 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

REAL FLORIDA REALTY INC.
500 EAST BROWARD BLVD. STE 1160
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: REAL FLORIDA REALTY INC
82 Street Address (P.O. Box Number is Not Acceptable): 1508 SE 3 AVE
83
84 City: FT. LAUDERDALE FL 85 Zip Code 33316

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 [signature] B LAMBRECHTS DATE 3-7-97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STARK, SVEN W	
STREET ADDRESS	~~432 ISLE OF VENICE STE 3~~ 1520 NE 63 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL ~~33301~~ 33334	
TITLE	VICE-PRESIDENT	☐ DELETE
NAME	KARLA HANNA STARK	
STREET ADDRESS	1520 NE 63 CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	VICE-PRESIDENT	☐ DELETE
NAME	KLAUS-DIETER STARK	
STREET ADDRESS	1520 NE 63 CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	SECRETARY	☐ DELETE
NAME	GABRIELE ANNA STARK	
STREET ADDRESS	1520 NE 63 CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334	
TITLE	TREASURER	☐ DELETE
NAME	WOLFGANG DIETER STARK	
STREET ADDRESS	1520 NE 63 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature] Gabriele Stark 2/14/97 (954) 764-6469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #