EILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT -**CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072831

D.S. BISCAYNE, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90120 050 ***150.00



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Principal Place of Business Mailing Address					יסופר נפפגו פרוסטר הווסם והנפס והוסס הנוסס הנוסס שנוסים שנים סיד וסקונססה ב	וספו (סוו וסווו ו
200 S. BISCAYNE BLVD.: STE. 4815 200 S. BISCA		200 S. BISCAYNE BLVD., STE MIAMI FL 33131	BISCAYNE BLVD., STE, 4815			
}					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	}
2 Principal P	Place of Rusiness	2a. Mailing Address			09/03/1996 4. FEI Number	plied For
⊨ - '					plied For	
21 26				\$8.75	Applicable	
22 27				5. Certificate of Status Desired Fee Re		
City & State City & State						
23 28				6, Election Campaign Financing \$5.00 Trust Fund Contribution Added to		
	Zip Country Zip		Country		8. This corporation owes the current year Intangible	31,000
24	25 29 5		1 · · · · · · · · · · · · · · · · · · ·		□No	
	9. Name and Address of Current	_ '			10. Name and Address of New Registered Agent	
			81	Name		
SALUSSOLIA, PIERO			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
200 S. BISCAYNE BLVD., STE. 4815)82	Street Addi	ess (P.O. Box number is not Acceptable)	}
MIAMI FL 33131		83				
			84	City	85 Zip 0	Code
		· · · · · · · · · · · · · · · · · · ·			<u>FL </u>	
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	•					ĺ
	Signature, typed or printed name of registered agent			nt signature required		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TILE	DVPT :	DELETE	1.1 TITLE	ĺ	. Change	☐ Addition
NAME	SALUSSOLIA, PIERO	14.15	1.2 NAME	}	·	}
STREET ADDRESS		4815	1.3 STREET			
CITY-ST-ZIP	MIAMI FL	C) perete	1.4 CITY-S	T- ZIP		Addition
TITLE	DPS MARKET	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	DICOWDEN, MARIE	400	2.2 NAME]		}
STREET ADDRESS 3610 YACHT CLUB DR., APT. 1108			2.3 STREET	· !	,	Į
CITY-ST-ZIP AVENTURA FL			2.4 CITY-5	IT-ZIP	Change	☐ Addition
TITLE	AS STEFANIA	☐ Acreic	3.1 TITLE	ļ	Change	
NAME BOLOGNA, STEFANIA STREET ADDRESS 200 S BISCAYNE BLVD STE 4815			3.2 NAME			
			3.3 STREET	· 1		-
CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE	3.4. CITY- S 4.1 TITLE	T-ZIP	Change	Addition
			4.1 111LE 4. 2 NAME	}	Change	
NAME						1
STREET ADDRESS			4.3 STREET	II)
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-S	T-ZIP	□ Channa	Addition
TITLE		C. VELETE	5.1 TITLE 5.2 NAME		☐ Change	
NAME			5.3 STREET	TADDRESS	:	ļ
STREET ADDRESS			■ 0.0 UTTEE!	- ADI/FOG		
	4,			r 710		1
CITY-ST-ZIP	· ·	, Decete	5.4 CITY-ST	r-ZIP	Chanca	Addition
TITLE	<u> </u>	, DELETE	5.4 CITY-ST 6.1 TITLE	r-ZIP	Change	Addition
		, DELETE	5.4 CITY-ST		☐ Change	Addition

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 suppliemental 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 of 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

04/15:/99

(305) 373-7016

Daytime Phone #