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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000100072 (3) DOCUMENT # 1. Corporation Name

DSR INVESTMENTS, INC.

FILED Feb 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address ONE S.E. THIRD AVENUE. SUITE 3698 3050 ONE S.E. THIRD AVENUE, SUITE *** 3050 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 65-0713020 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional স 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. □ No 24 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSENBERG, DONALD S ONE S.E. THIRD AVENUE, SUITE SAST 3050 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 83 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE **PSTD** DELETE 1.1 TITLE __ Change NAME ROSENBERG, DONALD S 1,2 NAME **CR2E034** ONE S.E. THIRD AVENUE, SUITE 2000 FOSCO STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY - ST- ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS. CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE 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 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 annular report or supplemental annual reports 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 it changled or on an attachment with an address.

SIGNATURE:

197 (305) 358 2600