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

PROFIT **CORPORATION** annual report

1998



FLORIDA DEPÁRTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000000669 (6)

DBH, INC.

FILED Jul 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address C/O DONALD SOFFER 2875 NE 191 ST: STE 400 C/O DONALD SOFFER 2875 NE 191 ST. STE 400 DO NOT WRITE IN THIS SPACE AVENTURA FL 35180 AVENTURA FL 33180 3. Date Incorporated or Qualified 01/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 19501 BISCAYNE BIN 1950 BISCOVIE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 5. HE 400 Fee Required Stale City & State 6. Election Campaign Financing \$5.00 May Be entara, Fr Trust Fund Contribution Aventura. Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33/80 30 LSプ USA *931*80 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BERNSTEIN, KENNETH R ESQ R. BERNSTEN, ESQ 2875 NE 191ST STREET SUITE 400 83 **AVENTURA FL 33180** AVENTULA 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 to both the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered addept the obligations of, Section 607.0505, Florida Statutes. office or registered agent agent, I am familia with, KENNETH R. BELLISTEIN SIGNATURE ie of registered agont and life if applicable CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 1.1 TITLE TITLE President NAME Donald M. Soffer 1.2 NAME STREET ADDRESS 19501 Biscayne Blvd., Suite 400 Aventura, FL 33180 1.3 STREET ADDRESS CITY+ST-ZiP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP City-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TATLE 6.1 TITLE 500002582635 62 NAME NAME -07/08/98--01016--047 STREET ADDRESS 63 STREET ADDRESS ***150.00 CITY - ST-ZIP 6.4 CITY - ST - ZIP

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 Projectiver 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 or a variationment with an address.

4/24/20 (305) 937-6200