FILE NOW: FILING FEE	AFTER	MAY 1	IS	\$225.	00
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PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** DB COMM., INC. Mairing Address Principal Place of Business 7201 NW 12TH ST. 7201 NW 12TH ST. MIAMI FL 33126 MIAMI FL 33126 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 03/09/1992 Applied For 4 FELNumber 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0351016 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing Oity & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability or intangible tax under s. 199.032, Country Country Zιο Yes No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 BENJAMIN, IVAN S. 629 SW 1ST AVE 83 MIAM! FL 33301 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature typed or confeditioner of trop the major tand the mapping and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition Change DELETE 1 1 THLE TIFLE HERNANDEZ, CRISTOBAL NAME 13 STREET ADDRESS 5765 SW 146TH COURT STREET ADDRESS 1.4 CITY - ST - ZIP MIAMI FL CITY - ST - ZIP DELETE 2 1 11118 TIFLE 190 East 8th STREET 2.2 NAME FRIAS, CIRO NAME 2.3 STREET ADDRESS 660 SE PARK DR. #201 STREET ADDRESS HIALEAH, FL 24 CHY SI-ZIP HIALEAH FL CITY-ST-ZIP Change Add:tion DELETE 3 1 11ftF TITLE 3.2 NAME NAMÉ 3.3 STREET ADDRESS STREET ADORESS 3.4 CHY-ST-ZIP CITY-ST-ZIP Addition Change DELE CE 4 1 1 1 Tu F THILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.01TY - ST - ZIP CITY-ST-ZIP ■ Addition Change DELETE 5 1 TIME TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C/TY - \$1 - ZIP CITY - ST - ZIP Addition DELETE 6.1 BitE TITLE 6.2 NAME

6.3 STREET ADORESS

64 CiTY - S* - 749

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). 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 certify that the information indicated on this annual report annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 charged or on an artist timent with an address.

CR2E034 (12/95)