

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90071 027 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V20369**

1. Corporation Name  
**DB COMM., INC.**

Principal Place of Business  
**7201 NW 12TH ST.  
MIAMI FL 33126**

Mailing Address  
**7201 NW 12TH ST.  
MIAMI FL 33126**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/09/1992**

4. FEI Number  
**65-0351016**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **3100 NW 72 AVENUE**

Suite, Apt. #, etc.

22 **SUITE 119**

City & State

23 **MIAMI, FLORIDA**

Zip

24 **33122**

Country

25 **USA**

2a. Mailing Address

26 **3100 NW 72 AVENUE**

Suite, Apt. #, etc.

27 **SUITE 119**

City & State

28 **MIAMI, FLORIDA**

Zip

29 **33122**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**BENJAMIN, IVAN S.  
629 SW 1ST AVE  
MIAMI FL 33301**

10. Name and Address of New Registered Agent

81 Name **CRISTOBAL HERNANDEZ**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5765 SW 146 COURT**

83

84 City **MIAMI**

FL

85 Zip Code  
**33183**

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

**CRISTOBAL HERNANDEZ 4/28/99**

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D HERNANDEZ, CRISTOBAL**

STREET ADDRESS **5765 SW 146TH COURT**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D FRIAS, CIRO**

STREET ADDRESS **190 EAST 8TH STREET**

CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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 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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99**

Date

**305-591-1149**

Daytime Phone #

CR2E034 (11/98)