## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CÓRPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (1)1. Corporation Name DNR INTERNATIONAL, INC. Principal Place of Business Mailing Address 6800 S.W. 40TH STREET 6800 S.W. 40TH STREET SUITE 174 SUITE 174 MIAMI FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualified 3a. Date of Last Report 06/08/1992 04/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0340567 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Cortificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 $\Box$ Trust Fund Contribution Added to Fees Ζφ Country This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \[ \] No Z(0)Country 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EBECCA SOUCE GRISHKOFF, MARGARITA M., ESQUIRE 82 Street Add 28 WEST FLAGLER STREET 12TH FLOOR 83 **MIAMI FL 33130** 84 City 700 Code 3318 IAMI 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 familiar with, and accept the objections of Sections 607,0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS DATE 12. CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE Cnange Addition NAME BOYCE, REBECCA 1.2 NAME STREET ADDRESS 14929 SW 141 PLACE 13 STREET ADDRESS CITY-ST-ZIP MIAMI FL 14 CITY-ST-ZIP TITLE DELETE 2 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-ST-ZIP 24 CITY - ST - 712 TITLE [] DELETE 3 1 11TLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP THILE DELFTE 4 1 TITLE ☐ Change Addition 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 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-7IP 5.4 CITY - \$1 - ZIP TITLE DELETE 6. 1 TITLE Criange Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 C-TY - ST - 7:P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 appears in Block 12 or Block 13 if charges, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

or on an attachment with an address