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

Jan 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V55084 (O) D.L. ENTERPRISES, INC. Principal Place of Business Mailing Address 701 BRICKELL AVE 701 BRICKELL AVE. 2420 2420 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date Incorporated or Qualified 08/03/1992 2, Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65:0348209 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SAUNDERS, ROBERT M. P.A. COURTHOUSE TOWER 82 Street Address (P.O. Box Number is Not Acceptable) 44 W. FLAGLER ST., #402 83 **MIAMI FL 33130** 84 City Zip Code 85 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) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 THILE Change ☐ Addition TITLE GREEN. STEVEN J. 1.2 NAME CR2E034 NAME 40304 FISHER ISLAND DR STREET ADDRESS 1.3 STREET ADDRESS FISHER ISLAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITEE D SAFCHIK, JEFFREY A. NAME 22 NAME 40304 FISHER ISLAND DR 2.3 STREET ADDRESS STREET ADDRESS FISHER ISLAND FL 2. 4 City-St-ZiP CITY-ST-ZIP DELETE ■ Addition Change TITLE 3.1 TITL€ NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELFTE 4.1 TITLE Change ☐ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STHEFT ADDRESS 5.4 CITY - ST - ZIP DITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-S1-7/P 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 combinate 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 electiver 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 means a attachment with an address.

LEEBEUL SAFCHIK

1/2/28

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