

FILE NOW: FILING FEE AFTER MAY 1 IS \$500.00

FILED  
Jun 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000040210 (2)  
1. Corporation Name  
DB INTERNATIONAL SERVICES, CORP.



Principal Place of Business Mailing Address  
8524 S.W. 107TH AVE SUITE A2 MIAMI FL 33173  
8524 S.W. 107TH AVE. SUITE A2 MIAMI FL 33173-4403

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21	7223 NW 54 St.	26	- same -	05/09/1996			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
				65-0678792		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 MIAMI, FL.		27		<input type="checkbox"/>			
Zip		Zip		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24 33166		29		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Dade		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FILHO, DURVAL F 8524 S.W. 107TH AVE. SUITE A2 MIAMI FL 33173				DURVAL FUSCHINI FILHO 6039 COLLINS AV. 1232 MIAMI, BEACH, FL, 33141			
81 Name				81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)				82 Street Address (P.O. Box Number is Not Acceptable)			
83				83			
84 City				84 City			
FL				85 Zip Code			

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]* DATE MAY, 21 / 1997

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORREA, ANDREA G			1.2 NAME	Durval Fuschini Filho		
STREET ADDRESS	8524 S.W. 107TH AVE, SUITE A2			1.3 STREET ADDRESS	6039 Collins Ave. 1232		
CITY-ST-ZIP	MIAMI FL 33173			1.4 CITY-ST-ZIP	Miami Beach, FL, 33141		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	VICE-PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME	Luis F Guerra to Correa		
STREET ADDRESS				2.3 STREET ADDRESS	6039 Collins Ave. 1232		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Miami Beach, FL, 33141		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE *[Signature]* DATE 02/23/02 (202) 002-1072

CR2E034 (9/96)