1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98949

FILED Apr 02, 1999 8:00 am Secretary of State 04-02-1999 90082 008 ***150.00

DOLLY I	NVESTMENTS CORP										
							<u> </u>				
Principal Place	e of Business	Ma	ailing Address								
330 SW 27TH A	AVE STE 104		SW 27TH AVE S	TE 104							
SUITE 209			Suite 209 Miami: Fl. 33135				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33135 US			US				3. Date Incorporated or Qualified				
03		-					09/10/1982				
2 Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			Applied F	or
			THE INTERPOLATION OF THE INTER				59-2278641 Not Applicab				
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				\$8.75 Additional				_
22		27					5. Certifcate of Status Desired L]	Fee	Required	, }
City & State		- -	City & State				6. Election Campaign Financing		\$5.0	00 May E	3e
23		28					Trust Fund Contribution			ed to Fee:	
Zip	Country		Zip	Co	untry		8. This corporation owes the current	year Inta	ngible		
24	25	29		30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Regis	tered Agent				10. Name and Address of New Reg	stered A	gent		
					81	Name					
	IL, ANA M., ESQ.				82	Street Add	Iress (P.Q. Box Number is Not Acceptable)			
	SW 27TH AVE				1-1				· .		
	E 209				83		_				1
MIAN	MI FL 33135				84	City			85 2	Zip Code	
					84	City		FL	.	ip oddo	
11 Dureuant i	to the provisions of Sections 607 0502	and 60	7.1508. Florida \$	Statutes, the	above-	-named corr	poration submits this statement for the pur	pose of c	hanging	its registe	ered
office or re agent. I a	egistered agent, or both, in the State or m familiar with, and accept the obligation	of Florid ions of,	a. Such change v Section 607.050	was authorize 5, Florida Sta	ed by ti etutes.	the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept th	e appoin	hanging tment a	its registere	ered ed
office or re agent. I ai SIGNATURE	egistered agent, or both, in the State or m familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Florid ions of,	a. Such change v Section 607.050	was authorize 5, Florida Sta	ed by to atutes.	the corporati	ion's board of directors. I nereby accept in	DATE		s registere	_
office or reagent. I as	egistered agent, or both, in the State or m familiar with, and accept the obligation of the state of management of the state of the sta	of Florid ions of,	a. Such change v Section 607.050 rapplicable.	was authorize 5, Florida Sta (NOTE: Register 13	ed by to	the corporati	ion's board of directors. Thereby accept in	DATE	DIREC	TORS IN	
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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:

305-541-3300