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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L39627

(9)

FILED Jan 27 1998 8:00am Secretary of State

DORAL	. International expor	RT CORP.							
Principal Plac	e of Business	Mailing Address			{	//I i i i i i i i i i i i i i i i i i i i	FBII OFBII PIQII 1991		
P.O. BOX 14258 CLEARWATER FL 33786 US		2430 ESTANCIA BLVD STE 108 CLEARWATER FL 34037 US 35761				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1990			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	—Т	Applied For	
21		26				13-1825730		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		.75 Additional ee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	30 Col	untry		This corporation owes or has paid the c Personal Property Tax due June 30.	Yes	□ No	
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	HAFER, WALTER L., JR.			81	Name				
2430 ESTANCIA BOULEVARD SUITE 108				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
CU	EARWATER FL 34621			83					
				84	City	FI	85	Zip Code	
agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Start familiar with, and accept the ob-	ate ol Florida. Such chai	nge was authorize	ed by	the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of chang pointme	ging its registered ent as registered	
CIGMATURE									

ageni. i a	an terniller with, and accept the obligations t	a, Section 607.05 05 , FR	rida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable (NOTE	Registered Agent signature requir	ed when reinstating)	DATE	
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OF		RS IN 12
TITLE	DVPS	DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	CHATANI, NARI C.		1.2 NAME			
STREET ADDRESS	2724 REDFORD CT. E.		1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP			
TITLE	DP	DELETE	2.1 TITLE		Change	Addition
NAME	CHATANI, POKARDAS C.		2.2 NAME			
STREET ADDRESS	2724 REDFORD CT. E.		2.3 STREE1 ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		E 2. 4 CITY - ST - ZIP			
TITLE	D	DELETE	3.1 TITLE		Change	Addition
NAME	CHATANI, ANUP C.		3.2 NAME			
STREET ADDRESS	2724 REDFORD CT. E.		3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY - ST - ZIP			
TITLE	D	☐ DELETE	4.1 TITLE		Change	Addition
NAME	CHATANI, RAMESH C.		4. 2 NAME			
STREET ADDRESS	2724 REDFORD CT. E.		4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		4.4 City - St - ZiP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
ATT - AT - 310						

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.

SIGNATURE:

p. c

1/16/88 (813) 7974381