

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

①

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

97 AUG 13 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M63626 (9)

1. Corporation Name
DOMER LEASING COMPANY, INC.

Principal Place of Business 3400 INTERNATIONAL PLACE 100 S.E. 2ND ST. MIAMI FL 33131 US	Mailing Address 3400 INTERNATIONAL PLACE 100 S.E. 2ND ST. MIAMI FL 33131 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 12/14/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0022162	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BONNER, R. LAWRENCE
3400 INTERNATIONAL PLACE
100 S.E. 2ND ST.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PAD	<input type="checkbox"/> DELETE
NAME	HOMER, PETER W.	
STREET ADDRESS	640 SUNSET CIR	
CITY-ST-ZIP	KEY BISCAVAYNE FL	
TITLE	VTDS	<input type="checkbox"/> DELETE
NAME	BONNER, R. LAWRENCE	
STREET ADDRESS	10201 SW 55TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

400002270824-8
-08/19/97--01019--012
******165.00 ****165.00**

AD

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 of Block 13 of this report, or on an attachment with an address.

SIGNATURE _____

CR2E034 (4/97)

2

HOMER & BONNER, P.A.

INTERNATIONAL PLACE
34TH FLOOR
100 SOUTHEAST 2ND STREET
MIAMI, FLORIDA 33131

R. LAWRENCE BONNER
ANNETTE G. CIL
JAY A. GAYOSO
HAAS A. HATIC
PETER W. HOMER
LAWRENCE B. LAMBERT
JENIFER YOUNG PFLEGER
MAYDA PREGO
GREGORY J. TRASK
LORELEI J. VAN WEY
MARC A. WITES
BLAINE R. YOUNG

TELEPHONE (305) 350-5100
TELECOPIER (305) 372-2738
E-MAIL: hbpa@cofs.com

JOSEPH A. HANCZOR
OF COUNSEL

RICHARD B. SALZMAN
OF COUNSEL

SENDER'S DIRECT NUMBER: (305) 350-5100

July 15, 1997

Divisions of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Domer Leasing Company, Inc.
DOC. # M63626

On April 8, 1997, our corporation sent a payment of \$165.00 for our filing fee with the State. Upon receipt of your past due notice today, our research has determined that this payment has not cleared our bank probably lost in the mail. Attached is our copy of both the check and form originally sent to you in April. We are also including a replacement check for same and would appreciate if you would waive the late charges included in the past due statement due to these unforeseen circumstances. We thank you in advance.

Thank you,



Jose Hernando
Controller