

**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.)**

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<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 JUL 25 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P96000083408 (0)**  
 1. Corporation Name  
**9640 N.W. 45 MANOR INC.**



Principal Place of Business <b>520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131</b>	Mailing Address <b>520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified <b>10/09/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0738352</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**ROJAS, MARCO E  
520 BRICKELL KEY DRIVE  
SUITE 0-305  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**600002253616--7**  
 83 -07/31/97--01031--018  
**\*\*\*165.00 \*\*\*165.00**  
 84 City **FL** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SANCHEZ, SANDRA</b>
STREET ADDRESS	<b>520 BRICKELL KEY DRIVE, SUITE 0-305</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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. 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.

CR2E034 (4/97)

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**FREEMAN, BUTTERMAN & HABER**

520 BRICKELL KEY DRIVE, SUITE 0-305  
MIAMI, FLORIDA 33131

STEPHEN A. FREEMAN, P.A.

DADE: (305) 374-3800  
TELEFAX: (305) 374-1156

July 14, 1997

Via Federal Express

Annual Reports Filings  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

**Re: DCOM Development Company and 9640 N.W. Manor Inc,**

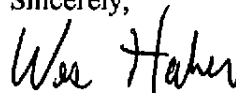
To whom it may concern:

The Second Notices for annual filing fees for the above referenced corporations were received by our office on July 14, 1997. Our records indicate that the annual reports and checks for \$165 for both corporations were mailed to the Division of Corporations in March, 1997.

A representative from the Reinstatement Department told me that the annual report and check for \$165 for payment of DCOM Development Company was received and mailed back to our office for corrections. We never received this document. The representative also said that he never received the annual report or check for \$165 for 9640 N.W. Manor Inc; however I have the old check stub. Due to these facts, the representative and I came to the conclusion that the documents were lost in the mail. To resolve this problem he said that I could send new annual reports for both corporations as well as new checks for \$165 for both corporations. Enclosed are the new reports and checks.

Thank you very much for your courtesy and cooperation.

Sincerely,



Wes Haber  
(Jr. Accounting Clerk)