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Jan 15 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 # S95232 (2)
1. Corporation Name
DORVAIS, INC.



Principal Place of Business
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134

Mailing Address
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134-5198

3. Date Incorporated or Qualified
11/13/1991
3a. Date of Last Report
01/22/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0302372	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23 Zip	28 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24 Zip	25 Country		
29 Zip	30 Country		

9. Name and Address of Current Registered Agent SEMET, LICKSTEIN, MORGENSTERN, BERGER, FRIEND, BROOKE & GORDON, P.A. 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	☐ Change ☐ Addition
NAME	GORDON, HOWARD W.	1.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIR 12TH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	☐ Change ☐ Addition
NAME	VAISBERG, LEON	2.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIR 12TH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	VAISBERG, RONNIE	3.2 NAME	
STREET ADDRESS	201 ALHAMBRA CIR 12TH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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: *Barry Edelstein* 13010 Edelstein 3 Jan 97 (305) 444-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)