

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90135 037 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # 198782**

1. Corporation Name  
**DORBARRY SHOPS, INC.**



Principal Place of Business 19591 A N.E. 10TH AVE. MIAMI FL 33179 US	Mailing Address 19591A N.E. 10TH AVENUE MIAMI FL 33179 US
-------------------------------------------------------------------------------	--------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3013 CLEVELAND ST</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 813878</b> Suite, Apt. #, etc.
22 City & State 23 <b>HOLLYWOOD, FL</b> Zip Country	27 City & State 28 <b>HOLLYWOOD, FL</b> Zip Country
24 <b>33021</b> 25 <b>USA</b>	29 <b>33081</b> 30 <b>USA</b>

3. Date Incorporated or Qualified <b>01/02/1957</b>	
4. FEI Number <b>59-0915705</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>X</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SATZ, ELLIOTT D**  
**3613 CLEVELAND STREET**  
**HOLLYWOOD FL 33021**

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	PT	<input type="checkbox"/> DELETE
NAME	<b>SATZ, ELLIOTT D</b>	
STREET ADDRESS	<b>3613 CLEVELAND STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>SATZ, MARCIA</b>	
STREET ADDRESS	<b>3613 CLEVELAND STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>SATZ, BETTY</b>	
STREET ADDRESS	<b>1021 NE 175TH STREET</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	
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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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: Elliott D. Satz **ELLIOTT D. SATZ** 3/15/99 **3/15/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

954  
983-5568  
Daytime Phone #

CR2E034 (11/98)