FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Jan 29 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 # **286086** **(4)**

1. Corporation Name
DORISSA OF MIAMI, INC.

Principal Place of Business	Mailing Address
2751 N MIAMI AVE **MIAMI FL 33127**	**2751 N MIAMI AVE** **MIAMI FL 33127-4439**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **10/14/1964**
3a. Date of Last Report: **02/27/1996**
4. FEI Number: **59-1059731** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SELEVAN, DOREE **2751 N MIAMI AVE** **MIAMI FL**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**ST**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**SCHWALBE, MURIEL**		1.2 NAME	
STREET ADDRESS	**3640 YACHT CLUB DR.**		1.3 STREET ADDRESS	
CITY-ST-ZIP	**AVENTURA FL**		1.4 CITY-ST-ZIP	
TITLE	**P**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**SELEVAN, DOREE**		2.2 NAME	
STREET ADDRESS	**2 GROVE ISLE DRIVE**		2.3 STREET ADDRESS	
CITY-ST-ZIP	**COCONUT GROVE FL**		2.4 CITY-ST-ZIP	
TITLE	**V**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**EPSTEIN, GIL**		3.2 NAME	
STREET ADDRESS	**1030 SW 91ST AVENUE**		3.3 STREET ADDRESS	
CITY-ST-ZIP	**PLANATATION FL**		3.4 CITY-ST-ZIP	
TITLE	**V**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	**EPSTEIN, RICHARD**		4.2 NAME	
STREET ADDRESS	**5804 SW 131ST ST.**		4.3 STREET ADDRESS	
CITY-ST-ZIP	**MIAMI FL**		4.4 CITY-ST-ZIP	
TITLE	V.	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Bloom, Seymour		5.2 NAME	
STREET ADDRESS	2 Grove Isle Drive		5.3 STREET ADDRESS	
CITY-ST-ZIP	Coconut Grove, Fl		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: _____ 1/28/97 305-573-3600