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.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 432809 DORIAN GIFT CO INC

(2)

FILED Jul 30 1997 8:00am Secretary of State

Principal Place of Business Mailing Address								/ 	E1611 1001	
8167 BIRD RD 8167 BIRD RD										
MIAMI FL 33155 MIAMI FL 33155										
						DO NOT WRITE				
						3. Date Incorporated or Qualified	3a. Date of		port	
			T			08/16/1973 04/11/1996				
_	ace of Business		2a. Mailing Address			4. FEI Number	, pp.100 1 01			
21		26				59-1535113			Applicable	
Suite, Apt. #	f, etc.	— — ·	Suite, Apt. #, etc.			5. Certificate of Status Desired			dditional	
City & State		27	City & State					Fee Re	·	
		— ·				6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , ,			
23 Zip				Count		Trust Fund Contribution Added to Fees				
24	25	29	-	30	' y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No				
-XI	9. Name and Address of Curr			30		10. Name and Address of New Registered Agent				
SOL	ER, VINCENTE A		8	1 Name			<u></u>			
5700 LEJEUNE RD				8						
	VAL GABLES FL 33148					t Address (P.O. Box Number is Not Acceptable)				
				8	3					
				8	4 City		FL 85	Zip C	ode	
11. Pursuant to	the provisions of Sections 607.05	502 and 607,1508	Florida Statute	s, the abo	ve-named co	orporation submits this statement for the p	urnose of chan	laina its	registered	
office or re	gistered agent, or both, in the Sta	te of Florida, Such	change was a	uthorized I	by the corpo	ration's board of directors. I hereby accep	t the appointm	ent as r	egistered	
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 E	Signature, typed or printed name of registered a	gent and title if applicable	o (NOTE	: Registered A	gent signature rea	quired when reinstaling)	DATE			
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	S IN 12	
TITLE	PO		DELETE	1.1 TITLE				hange	Addition	
NAME	SOLER, VINCENTE A.			1.2 NAMI						
STREET ADDRESS	S 5700 LEJEUNE RD			1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL			1.4 City	ST-ZIP					
TITLE	DST DELETE		2.1 THILE			□ c	hange	☐ Addition		
NAME	SOLER, MIRELLA N		2.2 NAME							
STREET ADDRESS	5700 LEJEUNE RD			2.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI FL			2. 4 CITY	-ST-ZIP					
TITLE	DVP		☐ DELETE	3.1 TITLE			□ c	hange	Addition	
NAME	RODRIGUEZ, MIRELLA M.			3.2 NAME						
STREET ADDRESS	2459 S BAYSHORE DRIVE			3.3 STREE	T ADDRESS]	
CITY-ST-ZIP	MIAMI, FL 00000			3.4. CITY	- ST - ZIP					
TITLE			☐ DELETE	4.1 TITLE			□ c	hange	☐ Addition	
NAME				4. 2 NAM					i	
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP		·	DELETE	4.4 CITY-						
TITLE			☐ DELETÉ	5.1 TITLE				hange	☐ Addition	
NAME				5.2 NAME	1					
STREET ADDRESS					T ADDRESS				İ	
CITY-ST-ZIP			DELETE	5.4 CITY-	ST-ZIP				1 (1.00)	
TITLE			☐ DELETE	6.1 TITLE			□ c	nange	Addition	
NAME				6.2 NAME						
STREET ADDRESS				1	T ADDRESS					
CITY-ST-ZIP		1 10 11 10		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.

CELLIA SOLLEAN