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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 448231

1. Corporation Name

DOVER INDUSTRIAL CORPORATION

FILED
Mar 23, 1999 8:00 am
Secretary of State
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03-23-1999 90010 040 ***158.75

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									1.17 = 1.
Principal Place	of Business	Mailing Address					ם וופוק וופום ווק	1811 11001	1
9682 FONTAINBLEAU BLVD. APT. 908 MIAMI FL 33172		9682 FONTAINBLEAU BLVD. APT. 908 Miami Fl. 33172		DO NOT WRITE IN THIS SPACE					
US US						3. Date Incorporated or Qualifed			\cdot]
						04/23/1974		plied For	1
` ·	ace of Business	2a. Mailing Address				4. FEI Number 59-1522481	 	t Applicable	1 (
Suite, Apt. 3		Suite, Apt. #, etc.					\$8.75		1 1
—	m, 610.	27				5. Certifcate of Status Desired	Fee Re		
City & State	3	City & State				6. Election Campaign Financing	\$5.00	Мау Ве	
23	· ·	28				Trust Fund Contribution	Added t	to Fees]]
Zip	Country	Zip	Çou	ntry		8. This corporation owes the current year Inter-	angible	₽71No	-
24	25	29 30	<u>L</u> _			Personal Property Tax. 10. Name and Address of New Registered	Yes	¥ No	┧.
·	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Augistered			1.
POU.	, GLORIA			LL.			<u>·</u>		↓ ′
	1 NW 7TH ST.			82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
APT.	106			83					1
MIAN	11 FL 33172			04	Oib.		85 ≈Zip	Code	-
	المتنافع المنافع		، حجم	== -	City	FL	.		
Affina ar re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	t Florida. Such change was auto-	оплас	וו עם נ	named corpo ne corporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoi	changing its ntment as re	registered gistered	
SIGNATURE		(NOTE: 9-		Agent	signature required	when reinstating) DATE			ہ ا
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent	signatura required	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12	11/08
TITLE	P	☐ DELETE	1.1 TI	TLE			Change	Addition	} =
NAME	ANTON, WILLIAM R.		1.2 N	AME					10.34
STREET ADDRESS	9682 FONTAINBLEAU BLVD		1.3 STRE		DDRESS				ਸ਼ੁ
CITY-ST-ZIP	MIAMI FL 33172	<u> </u>	1.4 CITY		ZIP			Addition	يخ إ
TITLE	V	☐ DELETE	2.1 TITLE				☐ Change		`
NAME	COSCULLUELA, MIGUEL E.		2.2 NAME						1
STREET ADDRESS	2432 SW 102ND AVE.				NODRESS				
CITY-ST-ZIP	MIAMI FL 33165	☐ DELETE	2.4 C/TY 3.1 T/T/LE		· <u>ZIP</u>		☐ Change	Addition	1
TITLE NAME	CONCULLUELA, BARBARA A.		3.2 NAME		Ì				
STREET ADDRESS	2432 SW 102ND AVE.				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33165		3.4. C	ITY-ST	-ZIP				_
TITLE		☐ DELETE	4.1 TI	TLE			Change	Addition	
NAME			4. 2 N	AME	ļ	-			-
- STREET ADDRESS		, - - -	4.3 \$7	TREET	ADDRESS + · ·			· ·5 - 	1
CITY-ST-ZIP			_	TY-ST-	ZIP		☐ Change	Addition	4
TITLE	~	☐ DELETE	5.1 TT 5.2 N)		☐ cuande	CT Vennatu	
NAME					ADDRESS				1
STREET ADDRESS				TY-ST-	l l				-
CITY-ST-ZiP TITLE		DELETE	6.1 T				☐ Change	Addition	1
NAME			6.2 N	AME	1				
STREET ADDRESS			6.3 S	TREET	ADDRESS .				1
			64.01	ITV. ST.	710				1

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.

<u>Anton</u>

SIGNATURE:

RVIOLIUMERO

MARCH 22,1999 (305)552-8597