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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 479843

1. Corporation Name
DORPHIL, INC.

Principal Place of Business	Mailing Address
1100 25TH STREET BAY #8 WEST PALM BEACH FL 33407 US	1100 25TH STREET BAY #8 WEST PALM BEACH FL 33407 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1975

2. Principal Place of Business
21: 320 N W 171 STREET
Suite, Apt. #, etc.
22:
City & State: 23: NORTH MIAMI BCH, FL
Zip: 24: 33169 Country: 25: US

2a. Mailing Address
26: 320 N W 171 STREET
Suite, Apt. #, etc.
27:
City & State: 28: NORTH MIAMI BCH, FLA
Zip: 29: 33169 Country: 30: US

4. FEI Number: 59-1620951 ☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EPSTEIN, PAMELA J.
320 N.W. 171ST ST.
NO. MIAMI BEACH FL 33169

10. Name and Address of New Registered Agent

81 Name: MIRANDA II, JOSE A.
82 Street Address (P.O. Box Number is Not Acceptable): 320 N W 171 STREET
83:
84 City: NORTH MIAMI BEACH FL 85 Zip Code: 33169

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 _____ 04-01-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	EPSTEIN, PAMELA		1.2 NAME	MIRANDA II, JOSE A.	
STREET ADDRESS	320 NW 171 STREET		1.3 STREET ADDRESS	320 N W 171 STREET	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33169		1.4 CITY-ST-ZIP	~~NORTH MIAMI BEACH FL 33169~~	
TITLE	V	☐ DELETE	2.1 TITLE	V	☐ Change ☐ Addition
NAME	MIRANDA, JOSE A		2.2 NAME	KAPLAN, ELAINE	
STREET ADDRESS	320 NW 171 STREET		2.3 STREET ADDRESS	320 N W 171 STREET	
CITY-ST-ZIP	NORTH MIAMI BCH FL 33169		2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33169	
TITLE	S	☒ DELETE	3.1 TITLE	V	☐ Change ☐ Addition
NAME	CHIN, BARBARA E.		3.2 NAME	EPSTEIN, ABBY	
STREET ADDRESS	1100 25TH STREET, BAY #8		3.3 STREET ADDRESS	320 N W 171 STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407		3.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33169	
TITLE		☐ DELETE	4.1 TITLE	S	☐ Change ☐ Addition
NAME			4.2 NAME	KAPLAN, KARI	
STREET ADDRESS			4.3 STREET ADDRESS	320 N W 171 STREET	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33169	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (11/98)

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: _____ JOSE A MIRANDA II 1-11-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #