

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Linda B. Norment
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 499914 (0)

DAWN PROPERTIES CORPORATION

Principal Place of Business
**17082 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160**

Mailing Address
**17082 WEST DIXIE HIGHWAY
NORTH MIAMI BEACH FL 33160**

Default Address for Filing

3. Date of expiration of report: **03/26/1976**
3a. Date of Last Report: **02/07/1994**

2. Principal Place of Business	2a. Mailing Address	4. FCI Number	Applied For
21	26	59-1758469	☐ Not Applicable
State, Apt. #, etc.	State, Apt. #, etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability or obligations for underwriting	☒ Yes ☐ No
23	28		
ZIP	ZIP		
24	25	29	30

9. Name and Address of Current Registered Agent

**COHEN, JEFFREY ROY
17082 W DIXIE HWY
N MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARTEAGA, MARIA M
STREET ADDRESS	CALLE 3 NO 25, ALTOS ARROYO HONDO II
CITY, ST, ZIP	SANTO DOMINGO REP
TITLE	T
NAME	SEBASTIAN, MARTINEZ G
STREET ADDRESS	CESAR NICOLAS PENSON
CITY, ST, ZIP	SANTO DOMINGO DO
TITLE	VP
NAME	RODRIGUEZ, ANTONIO V.
STREET ADDRESS	AVE. BOLIVAR - EL RETIRO
CITY, ST, ZIP	SANTO DOMINGO DO
TITLE	S
NAME	ESPERANZA, ALFARO
STREET ADDRESS	1430 S BAYSHORE DR, APT 605
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0502 and 607.1508, 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

Esperanza Alfaro
SIGNATURE AND TYPE OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

Esperanza Alfaro

4/30/95