FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **571214** (6)

1. Corporation Name

DOMINIC NOLAN ENTERPRISES, INC.

~~W99-0205~~

Principal Place of Business
P.O. BOX 5840 W FLAGLER
MIAMI FL MIAMI FL 33144

Mailing Address
P.O. BOX 561084
MIAMI FL 33256-1084

REINSTATEMENT 05-99

3. Date of Incorporation: 05/08/1978
3a. Date of Reinstatement: 08/25/1994
4. FEI Number: 59-2418654
5. Check if Applicable: X
$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ]
$5.00 May Be Added to Fees
8. Is this a change of address? [ ] Yes [ ] No

2. Principal Place of Business
21 5840 W. FLAGLER
Suite, Apt. #, etc.
22 SUITE #5
City & State
23 MIAMI FL
Zip / Country
24 33144 25 MIAMI DADE

2a. Mailing Address
26 PO BOX
Suite, Apt. #, etc.
27 561084
City & State
28 MIAMI FL
Zip / Country
29 33256 30 MIAMI DADE

9. Name and Address of Current Registered Agent

RAMS, VICTOR H
~~5401 COLLINS AVENUE, APT. 1115~~
~~MIAMI BEACH FL~~

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number Not Acceptable): 5840 W. FLAGLER ST
83 SUITE #5
84 City: MIAMI FL 85 Zip: 33144

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. The registered agent has agreed to act in this capacity. I further certify that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Victor Hugo Rams VICTOR HUGO RAMS AGENT P.D. 4-12-99
Signature of Registered Agent — Type or Print Name of Registered Agent — Date

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	RAMS, VICTOR H
STREET ADDRESS	~~5401 COLLINS AVE., APT. 1115~~
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	PD
NAME	RAMS, MARIA J
STREET ADDRESS	3925 S.W. 127TH COURT
CITY-ST-ZIP	MIAMI FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P.D. [X] [ ]
12 NAME	VICTOR H. RAMS
13 STREET ADDRESS	5840 W FLAGLER ST
14 CITY-ST-ZIP	MIAMI FL 33144
21 TITLE	SD [X] [ ]
22 NAME	MARIA J. RAMS
23 STREET ADDRESS	5840 W FLAGLER ST
24 CITY-ST-ZIP	MIAMI FL 33144
31 TITLE	[ ] [ ]
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] [ ]
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] [ ]
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] [ ]
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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DB 4-19-99

14. I do hereby certify that the information supplied herein, if signed and duly filed, is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate as of the date of my signature. I further certify that I am an officer or director of the corporation or the registered agent, or both, as required by Section 607.0505 or Section 607.1508, Florida Statutes, or I am a person authorized by the corporation to execute this report. If the name or address of a registered agent appears in Block 12 or Block 13 it changed, or contrary to Block 9 or Block 10 address.

March 10-99 305-261-5533

SIGNATURE: Victor Hugo Rams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR