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

PROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

685133 **DOCUMENT #**

(1)

DOMAS, INCORPORATED

Mailing Address

FILED Mar 11 1996 8:00 am Secretary of State

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8220 N.W. 13 C/O DORA 1 MIAMI FL 33	LEE JAMES	8220 N.W. 13TH CO C/O DORA LEE JAN MIAMI FL 33147			3. Date Incorporated or Qualified 08/22/1980	3a. Date of La	•
2. Principal Pla	ace of Business	2a. Mailing Address			4, FEI Number	1	Applied For
21		26			59-2067670		Not Applicable
Suite, Apt.	#, etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired	1 1	3.75 Additional Fee Required
Oity & State		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees
Ζφ 24	Country [25]	Zip 29	Country 30	1	8. This corporation has liability for i		ier s. 199.032,
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New R	egistered Agen	l
			81	Name			
	DORA LEE W. 13TH COURT		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	FL 33147		83				
			84	City		FL 85	Zip Code
familiar w SIGNATURE	Stiphalaro, typisal (a san test maile of registareo a,		(NOTE: Fagistered Age		ration submits this statement for the pur- ind of directors. I hereby accept the appointment of the pur- ed when rendstately. ADDITIONS/CHANGES TO OFFI	DATE	
THE	PD	DELETE	1, 1 TITLE	<u>_</u>	7.55/1/01/05/07/02/07/07/07/07/07/07/07/07/07/07/07/07/07/	☐ Cha	
NAME:	JAMES, DORA LEE		1.2 NAME			-	
STREET ADDRESS	1717 N BAYSHORE DR.	,		1 ADDRESS			
City St-7iP	MIAMI FL		1 4 CITY -				
1 114	STD	DELFIE	2 1 THLE	51 211		☐ Cha	ange Addition
NAME	AUGUTUS, BEVERLY	Bercof	2.2 NAME				
STREET ADDRESS	8220 NW 13 CT		2 3 STREE	T ADDRESS			
OITY ST-712	MIAMI FL		2 4 CITY-	S1-ZiP			
11'(F		☐ DELETE	3 1 11%LE			☐ Cha	ange Addition
NAME			3.2 NAME				
STHEE ACORESS			3.3 STHE	T ADDRESS			
CIDY \$1-7IP			3.4 CITY -	ST-ZIP			
TILE		DELETE	4 1 TITLE			□ Cha	ange 🗌 Addition
NAME			4.2 NAME				
SPRELL ADDRESS			4.3 STREE	T ADDRESS			
OITY - 5.1 - 700	<u> </u>		4 4 Cily-	ST-ZIP			
Title		☐ DELETE	5 1 11111 6			☐ Ch	ange 🔲 Addition
NM:			5.2 NAME				
SIND LADDRESS			5.3 STREE	I ADDRESS			
(-11 S1-7-P			5 4 CHTY -				
TATLE		DELETE	6 1 TITLE			Ch.	ange 🔲 Addition
NAME			6.2 NAME				
STHEET ACORESS			63 STHEE	I ADDRESS			
CITY \$3 - 7(P)			6.4 CITY -		for the exemption stated in Section 119		

ror necessive any manage 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 ooth, that I am an office or director of this 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 13 if changed, or on an attachment with an address.

Dora L. James

305-696-8210