

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

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 685133
1. Corporation Name

DOMAS INCORPORATED
8220 N.W. 13th Court
Miami, Florida 33147-5216

Principal Place of Business

Mailing Address

8220 N.W. 13th Court
Miami, FL 33147-5216

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

2. Principal Place of Business 21 8220 N.W. 13th Court Miami, FL Suite, Apt. #, etc.	2a. Mailing Address 26 8220 N.W. 13th Court Miami, FL Suite, Apt. #, etc.	4. FEI Number 59-2067670 Applied For Not Applicable
22 City & State 23 Miami, FL 33147 Zip 24 33147	27 City & State 28 Miami, FL 33147 Zip 29 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

JAMES, DORA LEE
8220 N.W. 13th Court
Miami, FL 33147

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: Dora L. James DATE: 4/15/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PID <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES DONALD LEE	1.2 NAME	
STREET ADDRESS	1717 N. Bayshore Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33147	1.4 CITY-ST-ZIP	
TITLE	Officer <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. JAMES THOMAS	2.2 NAME	
STREET ADDRESS	1717 N. Bayshore Dr.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33147	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	800002503548
STREET ADDRESS		4.3 STREET ADDRESS	-04/28/98--01095--026
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Dora L. James DATE: 4/15/98 305-246-4149

CR2E034 (10/97)