

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 716054 (2)

1. Corporation Name
DOMINO ONE CONDOMINIUM, INC.



Principal Place of Business
8001 CRESPI BOULEVARD
MIAMI BEACH FL 33141

Mailing Address
8001 CRESPI BOULEVARD
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified 02/14/1969
3a. Date of Last Report 05/01/1995
4. FEI Number 59-1310473
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

MADISON MANAGEMENT SYSTEMS
11600 NE 10 AVENUE
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name WILMA DIAZ - SECY.
82 Street Address (P.O. Box Number is Not Acceptable) 8001 CRESPI BLVD. # 2C
83
84 City MIAMI BEACH FL 85 Zip Code 33141

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE WILMA DIAZ - SECY.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 6-10-96

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> DELETE |
|-------|------------------|-------------------------|---------------------|--|
| DP | GREY, CYNTHIA | 8001 CRESPI BLVD 3-C | MIAMI BCH, FL 00000 | <input checked="" type="checkbox"/> |
| DS | REYES, AMPARO | 8001 CRESPI BLVD 6-C | MIAMI BCH, FL 00000 | <input checked="" type="checkbox"/> |
| DT | SENAQUE, LEONARD | 8001 CRESPI BLVD 4-C | MIAMI BCH, FL 00000 | <input checked="" type="checkbox"/> |
| VCD | TREGO, MARY | 8001 CRESPI BLVD. #5B | MIAMI BCH, FL 00000 | <input checked="" type="checkbox"/> |
| P | WILSON, ROBERT | 8001 CRESPI BLVD APT 6B | MIAMI BCH, FL 00000 | <input checked="" type="checkbox"/> |
| D | GELBS, BENJAMIN | 8001 CRESPI BLVD APT 6D | MIAMI BCH, FL 00000 | <input checked="" type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------------|---------------|------------------------|------------------------|--|
| PRES. DIR. | LINDA REYES | 8001 CRESPI BLVD. # 6C | MIAMI BEACH, FL- 33141 | <input checked="" type="checkbox"/> |
| V.P. DIR. | ENGEL MENDOZA | 8001 CRESPI BLVD. # 5D | MIAMI BEACH, FL- 33141 | <input checked="" type="checkbox"/> |
| SECY. DIR. | WILMA DIAZ | 8001 CRESPI BLVD. # 2C | MIAMI BEACH, FL- 33141 | <input checked="" type="checkbox"/> |
| IDEAS. DIR. | ROBERT WILSON | 8001 CRESPI BLVD. # 7C | MIAMI BEACH, FL- 33141 | <input checked="" type="checkbox"/> |
| DIR. | MARY TREGO | 8001 CRESPI BLVD. # 5B | MIAMI BEACH, FL- 33141 | <input checked="" type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT M. WILSON 6/10/96 (305) 866-9301
Signature, typed or printed name of signing officer or director

Date Daytime Phone #

CR2E037 (3/96)