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Mar 16 1998 8:00am

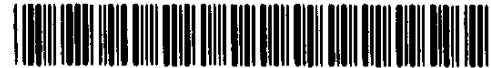
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716054** (2)

1. Corporation Name  
**DOMINO ONE CONDOMINIUM, INC.**

Principal Place of Business <b>8001 CRESPI BOULEVARD MIAMI BEACH FL 33141</b>	Mailing Address <b>8001 CRESPI BOULEVARD MIAMI BEACH FL 33141</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>02/14/1969</b>	4. FEI Number <b>59-1310473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 <b>WILMA DIAZ-SECY 8001 CRISPI BLVD. #2C MIAMI BEACH FL 33161</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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* DATE **2-18-98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	LINDA REYES
STREET ADDRESS	8001 CRESPI BLVD. #8C
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	EUGENE MENENDEZ
STREET ADDRESS	8001 CRESPI BLVD #85D
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	WILMA DIAZ
STREET ADDRESS	8001 CRESPI BLVD 4-C
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ROBERT WILSON
STREET ADDRESS	8001 CRESPI BLVD. #5B
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MARY TREGO
STREET ADDRESS	8001 CRESPI BLVD APT 6B
CITY-ST-ZIP	MIAMI BCH, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINDA REYES
1.3 STREET ADDRESS	8001-CRESPI BLVD. #6C
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EUGENIO MENENDEZ
2.3 STREET ADDRESS	8001 CRESPI BLVD. #5D
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
3.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILMA DIAZ
3.3 STREET ADDRESS	8001 CRESPI BLVD. #2C
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
4.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDARO D. REYES
4.3 STREET ADDRESS	8001 CRESPI BLVD #7B
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NORMA JACOBS
5.3 STREET ADDRESS	8001 CRESPI BLVD #7D
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wilma Diaz Secy* 3/18/98

CR2E037 (10/97)