SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000002574 (8) DOCUMENT #

DORNA U.S.A., INC.

Principal Place of Business

Mailing Address

FILED Oct 07 1998 8:00am Secretary of State



| 555 MADISON A NEW YORK NY | | | NEW YORK NY 10022 | | | | | | | | | |
|-----------------------------------|--|---|--|---|--|---|---|-------------------------------|---|------------------------|------------------------|--|
| TEN TOTAL TOOLS | | | | | DO NOT WRITE IN THIS SPACE | | | | | | | |
| | | | | | | | Incorporated o /1997 | r Qualified | | | | |
| 2. Principal P | 2a. Malling Address | | | 4. FEI N | | | | A | pplied For | | | |
| 21 420 | LEXINGTON | 26 Yrollxin | 26 YLOLEXANUTON AUE | | | 3557815 | | | N | ot Applicable | | |
| Suite, Apt. | | | Suite, Apt. #, etc. 27 Suint 5 Vo | | | | 5. Certificate of Status Desired Fee Required | | | | | |
| City & Stat | e J | | City & State | | | | on Campaign | Financing | | \$5.00 | May Be | |
| 23 No W | YOLK | NY | 28 NEW YOLK | 28 NEW YORK NY | | | Trust Fund Contribution Added to Fees | | | | | |
| Zip | Cou | intry | Zip | Coun | | 8. This o | corporation ow | es or has pa | id the current | year I <u>n</u> | tangible | |
| 24 10170 | | USA | 29 10170 | 30 | USA | | nal Property T | | | | _) No | |
| | | | t Registered Agent | | | | 10. Name and Address of New Registered Agent | | | | | |
| | PORATION SERVICE | [' | Name | ame | | | | | | | | |
| | HAYS STREET | Ī | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| TALL | AHA SS EE FL 3230 | ļ. | 83 | | | | | | | | | |
| | | | | | 33 | | | | | | | |
| | | | | | 4 City | | | | FL | 85 Zip | Code | |
| 11. Pursuant office or agent. I a | t to the provisions of s registered agent, or b am fa mi liar with, and | ections 607.0502 both, in the State accept the obliga | and 607.1508, Florida Statute of Florida. Such change was a stions of, section 607.0505, Flo | s, the abo authorized orida Statu | ve-named oby the corples. | corporation submit poration's board of | s this statemer directors. I he | nt for the pur reby accept | pose of ch an the appoi nt | ging its r ent as r | egistered egistered | |
| SIGNATURE | | | | | | | | | 5.175 | | | |
| 45 | Signature, lyped or printed n | TE: Registere | d Agent signat | ure required when reinsta | IONS/CHANG | ES TO OFF | DATE | DIRECT | ORS IN 12 | | | |
| 12. | PD | OFFICERS AN | DELETE | 1.1 TITL | F . | | | | | Change | Addition | |
| NAME | SCHAPS, RICHARD | | | | E | WHITRY | PAUL | 6 | ليا | Gliange | P.S. Addition | |
| STREET ADDRESS | 420 LEXINGTON AVENUE | | | | 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP WHITBY, PAUL WHITBY, WHITBY, PAUL WHITBY, WHITBY, WHITBY, | | | | | | | |
| CITY-ST-ZiP | NEW YORK NY 10170 | | | | -ST-ZIP | NEW YOR | A AN | 10170 | | | | |
| TITLE | EVS | | DELETE | 2 1 TITL | | 7.5. | | | | Change | Addition | |
| NAME | GOULD, DIRK | | E DETECTE | 2 2 NAME | | | | | | | L | |
| STREET ADDRESS | 420 LEXINGTON | | | 2.3 \$TR | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | NEW YORK NY 1 | 0170 | | 2.4 CITY | -ST-ZIP | 1 | | | _ | | | |
| TITLE | 1 | | DELETE | 3 1 TITL | E | | | | | Change | Addition | |
| NAME | BEATTIE, WILLIAI | - | 3.2 NAM | E | | | | | | | | |
| STREET ADDRESS | 420 LEXINGTON AVENUE | | | | 3.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | NEW YORK NY 1 | 10170 | | 3.4 CITY | -ST-ZIP | | | | | | | |
| TITLE | CF0 | | DELETE | 4.1 TITL | E | | | | | Change | Addition | |
| NAME | CEDENO, JHONN | | · | 4.2 NAM | £ | | | | | | | |
| STREET ADDRESS | 555 MADISON A | | | 4.3 STR | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | NEW YORK NY 1 | 10022 | | 4.4 CITY | | | | | | | | |
| TITLE | D - | • | DELETE | 5.1 TITL | | | | | | Change | Addition | |
| NAME | PERLINE, JASON | | | 5.2 NAM | E | 1 | | | | | | |
| STREET ADDRESS | 420 LEXINGTON | | | 5.3 STR | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | NEW YORK NY 1 | 10170 | | 5.4 CITY | | | | | | | | |
| TITLE | D INTO | | DELETE | 6.1 TITL | | | | | لبا | Change | Addition | |
| NAME | SCHAPS, LINDA | AVENILIE | | 6.2 NAM | | | | | | | | |
| STREET ADDRESS | 420 LEXINGTON | | | | ET ADDRESS | | | | | | | |
| CITY-ST-ZIP | NEW YORK NY 1 | IV17U | | 6.4 CITY | -ST-ZIP | 1 | | | | | | |

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.