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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G20041

(1)

GOODMAN AND DOMINGUEZ, INC.

FILED							
Mar 05 1998 8:00am	1						
Secretary of State							

3055719622

321 NW 26 S MIAMI FL 331 US	Place of Business 1 N.W 30 Ave	Mailing Address 321 NW 26 STREET MIAMI FL 33127 US 28. Mailing Address 26 26/0 XV	w. 3rd/due	3. Date Incorporated or Qualified 01/24/1983	E IN THIS SPACE Applied For Not Applicable \$8.75 Additional		
City & Stat	am if	City & State	, PL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 331	27 25 USA 9. Name and Address of Curren	Zip 33127	Country A	This corporation owes or has personal Property Tax due June Name and Address of New Re	aid the current year Intangible e 30.		
321 MLA	ODMAN, DAVID INW 26 STREET AMI FL 33127 To the provisions of Sections 607.0503 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	82 Street Add 83 84 City s, the above-named corputhorized by the corpora	ress (P.O. Box Number is Not Accepta poration submits this statement for the lion's board of directors. I hereby acce	FL 85 Zip Code		
SIGNATURE	Signature, typed or printed name of registered ager	at and little if applicable (NOTE	Registered Agent signature requi	red when reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI			
TITLE NAME STREET ADDRESS	PD GOODMAN, DAVID 5956 PINE TREE DR	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI BCH, FL 00000	☐ DELĒTE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELĒT E	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addilion		
. TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	on the that the information and	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Section 140 07/2V\\ Fleride Cet	Change Addition		
14. I hereby certify that the information supplied with this filling 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 of supplemental annual gloot is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or flustee 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 for on an attachment with an address.							