FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 10 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G52668** **(2)**

1. Corporation Name
DONANA INC.

Principal Place of Business	Mailing Address
11530 SW 84 AVENUE MIAMI FL 33156	11530 SW 84 AVENUE MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/28/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21 SAME.	2a. Mailing Address 26 SAME.	4. FEI Number **65-0218363**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 MIAMI - FLA	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 33156 / 25 DADE	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PARDO, OCTAVIO L. 11530 SW 84 AVENUE MIAMI FL 33156	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	DE GARCIA, EMMA C	12 NAME	
STREET ADDRESS	11530 SW 84TH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	14 CITY-ST-ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	GARCIA, DIANA	22 NAME	
STREET ADDRESS	11530 SW 84 AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	GARCIA, ESPERANZA	32 NAME	
STREET ADDRESS	11530 SW 84 AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: x Emma Garcia 1-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

0169619 CP