


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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # H13623 (4) 1. Corporation Name DOTSON ENTERPRISES, INC.		



Principal Place of Business C/O ALBERT DOTSON 17901 S.W. 78TH AVENUE MIAMI FL 33157-6209	Mailing Address C/O ALBERT DOTSON 17901 S.W. 78TH AVENUE MIAMI FL 33157-6209
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16155 SW 117 AVE Suite, Apt. #, etc. 22 SUITE # 12 City & State 23 Miami, FL. Zip 24 33177 Country 25 USA		2a. Mailing Address 26 16155 SW 117 AVE Suite, Apt. #, etc. 27 SUITE # 12 City & State 28 Miami FL Zip 29 33177 Country 30 USA		3. Date Incorporated or Qualified 07/24/1984	4. FEI Number 59-2658759 Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				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 DOTSON, ALBERT 17901 S.W. 78TH AVENUE MIAMI FL 33157				10. Name and Address of New Registered Agent 81 Name DOTSON, ALBERT 82 Street Address (P.O. Box Number is Not Acceptable) 16155 SW 117 AVE STE 12 83 84 City Miami FL 85 Zip Code 33177			
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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

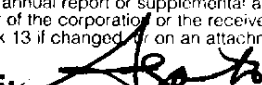
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOTSON, ALBERT			1.2 NAME			
STREET ADDRESS	17901 S.W. 78TH AVE.			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOTSON, EARLENE P.			2.2 NAME			
STREET ADDRESS	17901 S.W. 78TH AVE.			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  ALBERT DOTSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/98 256-2636

Date Daytime Phone 0221940

CR2E034 (10/97)