

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

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PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # K51259 (5)
1. Corporation Name
FLORIDA DORNUM INVESTMENTS, INC.

FILED
97 APR 22 PM 3:01



Principal Place of Business
% C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Mailing Address
% C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324-4413

3. Date Incorporated or Qualified
12/14/1988

3a. Date of Last Report
04/24/1996

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

4. FEI Number
65-0100077

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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	STD	1.1 TITLE	
NAME	CODINA CAMPOLLO, RAMON	1.2 NAME	
STREET ADDRESS	9801 COLLINS AVENUE	1.3 STREET ADDRESS	400002150894--6
CITY- ST- ZIP	BAL HARBOR FL	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	
NAME	KING, SHEPARD P.A.	2.2 NAME	
STREET ADDRESS	1221 BRICKELL AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	
NAME	GILDAN, LAURIE L	3.2 NAME	
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, STE 310 EAST	3.3 STREET ADDRESS	
CITY- ST- ZIP	WEST PALM BEACH FL 33401	3.4 CITY- ST- ZIP	
TITLE	AS	4.1 TITLE	
NAME	BARBONI, ALEX	4.2 NAME	
STREET ADDRESS	444 BRICKELL AVE STE 51503	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131-2492	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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: SHEPARD KING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone # 0263980



K 51259

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 338980 4303929

AUTHORIZATION :

COST LIMIT *Patricia Project* \$ 165.00

ORDER DATE : April 22, 1997

ORDER TIME : 10:20 AM

ORDER NO. : 338980-010

CUSTOMER NO: 4303929

CUSTOMER: Ms. Jazmine Roman
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME: FLORIDA DORNUM INVESTMENTS,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS:

RECEIVED
97 APR 22 AM 11:28
DIVISION OF CORPORATION

INWB
4-22-97