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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

"Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K51259

(5)

Page 1 of 2

FILED

97 APR 22 M 3:01

PORRTARY OF CIVIE

Principal Place of Business Mailing Address C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Mailing Address C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD						
PLANTATION FL 33324	33324-4413		3. Date incorporated or Qualified 12/14/1988	3s. Date of Last F 04/24/1996	Report	
2. Principal Place of Business	2a. Mailing Addre	08\$		4. FEI Number		oplied For
21	[26]			65-0100077		ot Applicable
Suite, Apt. #, etc	Suite, Apt. #,	etc.		5. Certificate of Status Desired		Additional
City & State	City & State			6. Election Campaign Financing		equired
23	28			Trust Fund Contribution		May Be to Fees
Zip Count	ry Z _i p	Country		8. This corporation has liability for in	ntangible tax under s	199.032,
25	29	30			Yes No	
	ess of Current Registered Agent	81 1	Vame	10. Name and Address of New Reg	platered Agent	
CT CORPORATION SYS 1200 S. PINE ISLAND R						
PLANTATION FL 33324		82 S	Street Addres	ss (P.O. Box Number is Not Acceptabl	(e)	
TOTAL MAINTENANCE		83				
				·		
		84 0	City		FL B5 Zip	Code
office or registered agent, or bot	th, in the State of Florida. Such chang	ge was authorized by th	ne corporatio	oration submits this statement for the property board of directors. I hereby accept	t the appointment as	registered
agent I am familiar with, and ac SIGNATURE		0505, Florida Statutes.	ionalure required	1 when reinstation	DATE	
agent I am familiar with, and ac SIGNATURE Signature, typed or profied had	no of registered agent and title if applicable	O505, Florida Statutes. (NOTE: Registered Agent s	signature required		DATE ERS AND DIRECTOR	RS IN 12
agent Tam Jamiliar with, and ac SIGNATURE Signature, typed or protod man 12. (no of registered agent and the if applicable DEFTICERS AND DIRECTORS	OSOS, Florida Statutes. (NOTE: Registered Agent s	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE		
agent Tam Jamiliar with, and ac SIGNATURE Signature, typed or present name. 12. CODINA CAMPOLICAME.	no of registered agent and the if applicable DEFECERS AND DIRECTORS DEL LO, RAMON	OSOS, Florida Statutes. (NOTE: Registered Agent s		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
agent Tam familiar with, and ac SIGNATURE Signature, typed or present name 12. STIDE STD CODINA CAMPOL 9801 COLLINS AV	no of registered agent and the if applicable DEFECERS AND DIRECTORS DEL LO, RAMON	(NOTE: Registered Agent s (NOTE: Registered Agent s 13. LETE 1.1 TITLE	. 89 1. p.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	
agent Tam familiar with, and ac SIGNATURE Signature, typed or prefect han 12. TITLE STD CODINA CAMPOL 9801 COLLINS AV BAL HARBOR FL	no of registered agent and the if applicable DEFICERS AND DIRECTORS LO, RAMON ENUE	(NOTE: Registered Agent s (NOTE: Registered Agent s 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-Z	DRESS PAGE	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change	Addition
agent Lam familiar with, and ac SIGNATURE Signature, typed or pretect had the CODINA CAMPOLI 9801 COLLINS AV BAL HARBOR FL THE COLL	no of registered agent and the if applicable DEFICERS AND DIRECTORS LO, RAMON ENUE	(NOTE: Registered Agent s (NOTE: Registered Agent s 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-Z	DRESS PAGE	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	Addition
agent Lam familiar with, and ac SIGNATURE Signature, typed or protect had CODINA CAMPOLI 9801 COLLINS AV BAL HARBOR FL VP KING, SHEPARD F COME AND REPORT LAMBER 1 AND REPORT LAMBBRANCH 1 AND REPORT LAMBER 1	no of registered agent and the if applicable DEFTICE AND DIRECTORS LO, RAMON ENUE DEF	(NOTE: Registered Agent s (NOTE: Registered Agent s 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME	DRESS LIP	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change	Addition
agent Lam familiar with, and ac SIGNATURE 12. (CODINA CAMPOLISS CILY-ST-7# BAL HARBOR FL VP NAM: STREET ADDRESS CILY-ST-7# KING, SHEPARD F STREET ADDRESS S	no of registered agent and the if applicable DEFTICE AND DIRECTORS LO, RAMON ENUE DEF	(NOTE: Registered Agent s (NOTE: Registered Agent s 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.3 STREET ADI 2.3 STREET ADI	DRESS DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change	Addition
agent Lam familiar with, and ac SIGNATURE 12. CODINA CAMPOLI NAME STREET ADDRESS CITY-ST-ZE LITTE VP NAME STREET ADDRESS CITY ST-ZE LITTE VP NAME STREET ADDRESS CITY ST-ZE MAMI FL 33131	DO FOSSISSION AND DIRECTORS LO, RAMON ENUE DEL	(NOTE: Registered Agent s 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-Z LETE 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-SI-Z 4.1 CITY-SI-Z	DRESS DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change	Addition
agent Tam familiar with, and ac SIGNATURE SIGNATURE SID CODINA CAMPOLI 9801 COLLINS AV 9801 COLLINS AV BAL HARBOR FL VP KING, SHEPARD F 1221 BRICKELL A' MIAMI FL 33131	DO FORGISHERA AND DIRECTORS LO, RAMON ENUE DEL DEL DEL DEL DEL DEL	(NOTE: Registered Agent is 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-Z 4.1 TITLE 3.1 TITLE 3.1 TITLE 3.1 TITLE 3.1 TITLE 3.1 TITLE	DRESS DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change	Additio
agent Tam familiar with, and ac SIGNATURE 12. TITLE NAME: STREET ADDRESS CITY-ST-ZIF TITLE NAME: STREET ADDRESS CITY-ST-ZIF TITLE VP NAME: STREET ADDRESS CITY-ST-ZIF TITLE VP NAME: STREET ADDRESS CITY-ST-ZIF TITLE V NAME GILDAN, LAURIE L	DOFFICERS AND DIRECTORS LO, RAMON ENUE DEL DEL DEL DEL DEL DEL DEL D	(NOTE: Registered Agent is 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-Z LETE 3.1 TITLE 3.2 NAME	DRESS DRESS DRESS ZIP	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change	Addition
agent Tam familiar with, and ac SIGNATURE 12. TITLE NAM: STREET ADDRESS CITY-ST-ZIF NAME: STREET ADDRESS CITY-ST-ZIF NAME STREET ADDRESS CITY-ST-ZIF NAME STREET ADDRESS CITY-ST-ZIF NAME STREET ADDRESS CITY-ST-ZIF NAME STREET ADDRESS	DO Fregisterad agent and the if applicable DOFFICERS AND DIRECTORS LO, RAMON ENUE DEL DA. VE LER DRIVE, STE 310 EAST	(NOTE: Registered Agent is 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z LETE 3.1 TITLE 3.2 NAME 3.3 STREET ADD	DRESS DRESS DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change	Addition
agent Lam familiar with, and ac SIGNATURE 12. CODINA CAMPOLISS CITY-ST-ZP ILLE STD CODINA CAMPOLISS CITY-ST-ZP ILLE STD CODINA CAMPOLISS CITY-ST-ZP ILLE STD COLLINS AV BAL HARBOR FL VP KING, SHEPARD F 1221 BRICKELL A' MIAMI FL 33131 V GILDAN, LAURIE I 777 SOUTH FLAG WEST PALM BEAC	DO Fregisterad agent and the if applicable DOFFICERS AND DIRECTORS LO, RAMON ENUE DEL DA. VE LER DRIVE, STE 310 EAST	(NOTE: Registered Agent is 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-Z LETE 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-Z LETE 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-Z 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-Z 3.4 CITY-ST-Z	DRESS DRESS DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change	Addition
agent Lam familiar with, and ac SIGNATURE 12. TITLE NAM: STREET ADDRESS CILY-ST-ZIF NAME: STREET ADDRESS CILY-ST-ZIF NAME: STREET ADDRESS CILY-ST-ZIF NAME ST	DEFICERS AND DIRECTORS LO, RAMON ENUE DEL DEL DEL DEL DEL DEL DEL DEL DEL D	(NOTE: Registered Agent is 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY-ST-Z LETE 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY-ST-Z LETE 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-Z 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY-ST-Z 3.4 CITY-ST-Z	DRESS DRESS DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change Change Change	Addition
agent Tam familiar with, and ac SIGNATURE 12. TITLE NAM: STREET ADDRESS CITY-ST-ZIF NAME: STREET ADDRESS CITY-ST-ZIF NAME STREET ADDRESS AS BARBONI, ALEX BARBONI, ALEX	DEFICERS AND DIRECTORS LO, RAMON ENUE DEL C.A. VE LER DRIVE, STE 310 EAST CH FL 33401	(NOTE: Registered Agent is 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-Z 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z LETE 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-Z 4.1 TITLE	DRESS DRESS DRESS ZIP DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change Change Change	Addition
agent Tam familiar with, and ac SIGNATURE 12. TITLE NAM: STREET ADDRESS CILY-ST-ZIF TITLE KING, SHEPARD F. L221 BRICKELL A' MIAMI FL 33131 V V STREET ADDRESS CILY-ST-ZIF TITLE NAME STREET ADDRESS CILY-ST-ZIF TAS BARBONI, ALEX 444 BRICKELL AV 444 BRICKELL AV 444 BRICKELL AV 444 BRICKELL AV	DEFICERS AND DIRECTORS LO, RAMON ENUE DEL DEL DEL DEL DEL DEL DEL D	(NOTE: Registered Agent is 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY - ST - Z 1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY - ST - Z 1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY - ST - Z 4.1 TITLE 4.2 NAME	DRESS DRESS DRESS DRESS DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change Change Change	Addition Addition
agent Lam familiar with, and ac SIGNATURE 122. COTINE STD CODINA CAMPOLISS CILY-ST-2P NAME STREET ADDRESS CILY-ST-2P NAME S	DEFICERS AND DIRECTORS LO, RAMON ENUE DEL DEL DEL DEL DEL DEL DEL D	(NOTE: Registered Agent is 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-Z 1.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z LETE 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-Z LETE 4.1 TITLE 4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-Z LETE 4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-Z 4.1 TITLE 4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-Z 4.1 STREET ADD	DRESS DRESS DRESS DRESS DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change Change Change	Addition Addition Addition
agent Lam familiar with, and ac SIGNATURE 122. COMMA CAMPOLISE STREET ADDRESS CITY-ST-ZIF MAME STREET ADDRESS CITY-ST-ZIF WEST PALM BEAC WEST PALM BEAC GITY-ST-ZIF MAME STREET ADDRESS CITY-ST-ZIF MAME MAMI FL 33131-2	DELER DRIVE, STE 310 EAST CH FL 33401 E STE 51503	(NOTE: Registered Agent is 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-Z 1.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-Z LETE 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-Z LETE 4.1 TITLE 4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-Z LETE 4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-Z 4.1 TITLE 4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-Z 4.1 STREET ADD	DRESS DRESS DRESS DRESS DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change Change Change	Addition Addition Addition
agent Lam familiar with, and ac SIGNATURE 122. 11ITE NAME STREET ADDRESS CITY_ST_ZIF TITLE NAME NAME NAME NAME STREET ADDRESS CITY_ST_ZIF TITLE NAME NAME NAME NAME NAME NAME NAME NAM	DELER DRIVE, STE 310 EAST CH FL 33401 E STE 51503	(NOTE: Registered Agent is 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY - ST - Z 2.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY - ST - Z 3.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY - ST - Z 4.1 TITLE 4.2 NAME 4.3 STREET ADI 4.4 CITY - ST - Z 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE	DRESS ZIP DRESS ZIP DRESS ZIP DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change Change Change	Addition Addition Addition
agent 1 am familiar with, and ac SIGNATURE SIGNATURE 122. THE CODINA CAMPOLISS STREET ADDRESS CHY-ST-78 THE LADDRESS CHY-ST-78 THE CODINA CAMPOLISS STREET ADDRESS CHY-ST-78 WING, SHEPARD R 1221 BRICKELL AMMAMI FL 33131 WEST PALM BEAC WEST PALM BEAC CHY-ST-78 AS BARBONI, ALEX 444 BRICKELL AMMIAMI FL 33131-2 THE CODINA CAMPOLISM STREET ADDRESS CHY-ST-78 WEST PALM BEAC WEST PALM BEAC CHY-ST-78 MIAMI FL 33131-2	DEL STE 51503	NOTE: Registered Agent is	DRESS ZIP DRESS ZIP DRESS ZIP DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change Change Change	Addition Addition Addition
agent Lam familiar with, and ac SIGNATURE SIGNATURE 122. THE CODINA CAMPOLISS STREET ADDRESS CITY-ST-ZIF WAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIF CITY-ST-ZIF CITY-ST-ZIF CITY-ST-ZIF MAMI FL 33131-2 THE AS BARBONI, ALEX 444 BRICKELL AV MIAMI FL 33131-2 MIAMI FL 33131-2 MIAMI FL 33131-2	DELER DRIVE, STE 310 EAST CH FL 33401 E STE 51503	NOTE: Registered Agent is	DRESS ZIP DRESS ZIP DRESS ZIP DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change Change Change	Addition Addition Addition
agent Lam familiar with, and ac SIGNATURE 122. TITLE NAM: SCHEEL ADDRESS CILY-ST-7/F NAM: STREET ADDRESS CILY-ST-2/F NAME STREET ADDRESS CILY-ST-2/F	DEL STE 51503	NOTE: Registered Agent is	DRESS ZIP DRESS ZIP DRESS ZIP DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change Change Change Change	Addition Addition Addition Addition Addition
agent Lam familiar with, and ac SIGNATUHE 12. THEE STD CODINA CAMPOLISHEEL ADDRESS BAL HARBOR FL VP KING, SHEPARD F 1221 BRICKELL A' MIAMI FL 33131 V THEE CHAPTER STREET ADDRESS CHY-ST-ZIP WEST PALM BEAC AS BARBONI, ALEX 444 BRICKELL AV 444 BRICKELL AV 444 BRICKELL AV	DEL STE 51503	(NOTE: Registered Agent is 13. LETE 1.1 TITLE 1.2 NAME 1.3 STREET ADI 1.4 CITY - ST - Z 1.1 TITLE 2.2 NAME 2.3 STREET ADI 2.4 CITY - ST - Z 1.1 TITLE 3.2 NAME 3.3 STREET ADI 3.4 CITY - ST - Z 4.1 TITLE 4.2 NAME 4.3 STREET ADI 4.4 CITY - ST - Z 1.5 TITLE 5.2 NAME 5.3 STREET ADI 5.4 CITY - ST - Z 1.5 TITLE 5.5 NAME 5.3 STREET ADI 5.4 CITY - ST - Z 5.5 TITLE 5.7 NAME 5.3 STREET ADI 5.4 CITY - ST - Z 6.1 TITLE	DRESS ZIP DRESS ZIP DRESS ZIP DRESS ZIP DRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change Change Change Change	Addition Addition Addition Addition Addition Addition

information moleculed on this armular report of suppregnating annual report is true and accurate and that my signature shall have the same legal effect as if made under of Larn an officer or director of the corporation, or the required or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

0263860

K51259



FILED

97 /PR 22 FM 3:01

ACCOUNT NO.

072100000032

SECRETARY OF STATE TALLAHASEEE, FLORIDA

REFERENCE :

338980

4303929

AUTHORIZATION :

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 PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS:

DIVISION OF CORPORATION 4-22-97