

FILE NOW: FILING FEE AFTER MAY 1 IS \$50.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morone
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K89784** (8)

1. Corporation Name

THE DREXEL GROUP, INC.

Principal Place of Business

**15620 S.W. 77 CT.
MIAMI FL 33157**

Mailing Address

**15620 S.W. 77 CT.
MIAMI FL 33157**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

24

9. Name and Address of Current Registered Agent

**DOMINGUEZ, RODOLFO
15620 S.W. 77 CT.
MIAMI FL 33157**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, being a duly qualified officer or director of the corporation, hereby certifies that the foregoing is a true and accurate statement of the information required by said sections, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed (with registered agent's name and address) of the officer or director who signed this statement.

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **DOMINGUEZ, RODOLFO**
STREET ADDRESS **15620 S.W. 77 CT.**
CITY-STATE-ZIP **MIAMI FL 33157**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employed 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified

05/22/1989

3a. Date of Last Report

05/02/1995

4. FEI Number

65-0125831

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and accurate statement of the information required by said sections, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature typed or printed (with registered agent's name and address) of the officer or director who signed this statement.

DATE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. ☐ Change ☐ Addition

2. ☐ Change ☐ Addition

3. ☐ Change ☐ Addition

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30. ☐ Change ☐ Addition

7-3-96

(305) 670-4400

CR2E034 (12/95)