

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03636 (2)

1. Corporation Name
DORAL REALTY CORP.

Principal Place of Business

**10462 N.W. 31 TERRACE
MIAMI FL 33172**

Mailing Address

**10462 N.W. 31 TERRACE
MIAMI FL 33172**

(SEE PAGE 2011 OF FORM 1995-1)

3. Date of Report (Required)	3a. Date of Annual Report
07/21/1989	04/29/1994
4. Filing Number	Applied For / Not Applicable
65-0268420	
5. Complexity of Status Request	\$8.75 Additional Fee Required
6. Director Campaign Financing / Trust Fund Contributions	\$5.00 May Be Added to Fees
7. Filing Fee (See Page 2011 of Form 1995-1)	
8. Florida Statutes	
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
30. City & State	

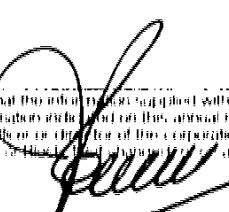
81. Name	
82. Street Address (P.O. Box Number is Not Applicable)	
83. City	
84. City	
85. State	FL

11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, the above named corporation certifies 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 609.03, Florida Statutes.

SIGNATURE: _____

12. OFFICER, DIRECTOR, OR OTHER PERSON	13. ADDRESS OF OFFICER, DIRECTOR, OR OTHER PERSON
NAME D MILOSLAVIC, MIGUEL	NAME
STREET ADDRESS 10462 N.W. 31ST TERRACE	STREET ADDRESS
CITY, STATE, ZIP MIAMI FL	CITY, STATE, ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Sections 609.01 and 609.02, Florida Statutes. I further certify that the only changes made in this annual report or supplemental annual report are 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 registered agent or both named in this report as required by Chapter 609, Florida Statutes, and that my name appears on Block 12 of this filing. I am attaching this with my address.

SIGNATURE:  **M. MILOSLAVIC** 4/28/95 (301) 4777420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR