

4-49532909-C
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11: 51

DOCUMENT # L09020 (3)

1. Corporation Name

D.O.S. INVESTMENTS, INC.

Principal Place of Business

**% FRANK A. ABRAMS
9450 SUNSET DR. STE 200 D
MIAMI FL 33173**

Mailing Address

**% FRANK A. ABRAMS
9450 SUNSET DR. STE 200 D
MIAMI FL 33173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1989

3a. Date of Last Report

03/11/1994

4. FEI Number

65-0157955

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

2. Principal Place of Business

21 5875 S.W. 32 St.

2a. Mailing Address

26 5875 S.W. 32 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL.

City & State

28 Miami, FL.

Zip

24 33155

Country

25 USA

Zip

29 33155

Country

30 USA

9. Name and Address of Current Registered Agent

**SANCHEZ, OLGA
5875 SW 32 ST
MIAMI FL 33155**

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SANCHEZ, DAVID
STREET ADDRESS	5875 SW 32 ST
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	SANCHEZ, OLGA
STREET ADDRESS	5875 SW 32 ST
CITY- ST- ZIP	MIAMI FL
TITLE	D
NAME	RODRIGUEZ, MARIA
STREET ADDRESS	6351 SW 43 ST
CITY- ST- ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *

David Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR OFFICIAL

3/29/95

(305) 605-3052