**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # L39627**

1. Corporation Name

DORAL INTERNATIONAL EXPORT CORP.					
Principal Place	e of Business	Mailing Address		T I BONING AND THIS STATE STATE TO THE TRAIN OF	'LI ATAN BIBIT BIBIT BIBIT BIBIT BIBIT
P.O. BOX 14258 2430 ESTANCIA BLVD					
000		STE 108		DO NOT WRITE IN TH	HIS SDACE
		CLEARWATER FL 34621		Date Incorporated or Qualifed	
		30		01/01/1990	
Principal Place of Business     2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For
21 26		26		13-1825730	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State     28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζίρ <b>24</b>	Country 25	ZIP	Country 30	<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>	· Intangible ☐ Yes ☐ No
	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
			81 Name		
SCHAFER, WALTER L., JR. 2430 ESTANCIA BOULEVARD		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
SUITE 108			83		
CLEARWATER FL 34621			84 City		. 85 Zip Code
				rporation submits this statement for the purpose	-L
l office or r	registered agent, or both, in the State im familiar with and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505. Flor	ithorized by the corpora	tion's poard of directors. Thereby accept the ap	pointment as registered
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DVPS	☐ DELETE	11 TITLE	///////////////////////////////////////	Change Addition
NAME	CHATANI, NARI C.		12 NAME		
STREET ADDRESS	ATAL DEDCARD OF E		1 3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		14 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	21 TITLE		Change Addition
NAME	CHATANI, POKARDAS C.		2 2 NAME		
STREET ADDRESS	2724 REDFORD CT. E.		23 STREET ADDRESS		
CITY-\$T-ZIP	CLEARWATER FL		2 4 CITY - ST - ZIP		
TITLE	D	☐ DELET€	3 1 TITLE		Change Addition
NAME	CHATANI, ANUP C.		3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		34 CITY-ST-ZIP		☐ Change ☐ Addrtion
TITLE	D DAMECULO	DELETE	41 TITLE		□ cuange □ Adamon
NAME	CHATANI, RAMESH C.		4 2 NAME		
STREET ADDRESS	2724 REDFORD CT. E.		43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	☐ DELETE	44 CITY-ST-ZiP		☐ Change ☐ Addition
TITLE	l 	☐ pere is	51 TITLE 52 NAME		
NAME			53 STREET ADDRESS		
STREET ADDRESS			54 CITY- ST- ZIP		
CITY-ST-ZIP		☐ DELETE	61 TITLE		☐ Change ☐ Addition

14. I 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, with all other like empowered

6.4 CITY - ST - ZIP

ے ، ر ، ر SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90122 021 \*\*\*150.00

