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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # M52635

1. Corporation Name

**DINORALL CORPORATION** 

(3)

FILED
Mar 19 1996 8:00 am
Secretary of State



											BII 8181 BISI IBI
Principal Place of Business Mailing Address									,, 6, 4.4		
1450 NW 82ND AVE. 1450 NW 82ND AVE											
MIAMI FL 3	3126	MIAMI FL 33126									
US		US				3.	Date Incorporated or Qualified 05/22/1987	<b>3a.</b> Da	te of Last F 02/28/1		
2. Principal Pla	ace of Business	2a. Mailing Address					4.	FEI Number	<u> </u>		Applied For
21		26			59-2809081				Not Applicable		
Suite, Apt. #	¥, etc.	Suite, Apt. #, etc.			}	5. 1	Certificate of Status Desired	Ø	*	Additional	
22		27							<i>)</i>	Fee	Required
City & State		City & State			İ		Election Campaign Financing			<b>0</b> May Be	
23		28	T					Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cour	ntry		}		This corporation has liability for in		tax under s	199.032,
24	9. Name and Address of Currer	29	30					Florida Statutes Yes  Name and Address of New Re		Agant	
	9. Name Bilo Address of Currer	it negistered Agent		81	Name	<u> </u>	10.	Name and Address of New No	gisterec	Agent	
D0144	A ALODOFOTO AL			١,	Name						
	N, NORBERTO M.			62	Street	Address	(P.C	D. Box Number is Not Acceptable	e)		
	IW 82ND AVE.			83							
APT. A				63							
MIAMI	FL 33126			84	City				FI	<b>85</b> Zi	p Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607,1508, Florida Statutes	s, the abo	ve-n	amed co	proporation	n su	ibmits this statement for the pure		_	registered office
or registere	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authorized	d by the c	orpo	oration's	board of	f din	ectors. I hereby accept the appo	intment a	is registered	d agent. I am
SIGNATURE	Signature, typod or printed name of registered agent	and the if anninghin ANOTE	E: Registered	Angol	e no ature o	earlined who	OF PAR	nekato, ú	DATE		
12.	OFFICERS AN		13.	, .g.,	og kild t	04 - 03 11 12		ADDITIONS/CHANGES TO OFFIC		D DIRECTO	DRS IN 12
TITLE	DVP	☐ DELETE	1 1 THILE			VD				Change	Addition
NAME	ROMAN, NORBERTO			1.2 NAME 1.3 STREET A						,	
STREET ADDRESS	1450 NW 82ND AVE.										
CITY-ST-ZIP	MIAMI FL		i i	14 CITY-ST-ZIP							
TITLE	VP	☐ DELETE		2 1 TITLE		PD			<del></del>	Change	☐ Addition
NAME	STEIN, JORGE E.	_		22 NAME		, –				75.	_
STREET ADDRESS	1450 NW 82ND AVE.		2 3 STREET		ADDRESS						
CITY-ST-ZIP	MIAMI FL			2.4 City-St-Zip							
TITLE	DP	☐ DELETE	3 1 TI		Lif	CD	)			Change	☐ Addition
NAME	ENRIQUE, DILLON	٠	3.2 NA							H 9"	
STREET ADDRESS	1450 NW 82ND AVE.				ADDRESS						
	MIAMI FL		3 4 CI								
CITY-ST-ZIP TITLE	S	DELETE	4 1 TI		- ZIF	< 7				Change	Addition
NAME	DELL'OCA, MARTIN	- Steele	4 2 NA			S,T				year unungo	
STREET ADDRESS	1450 NW 82ND AVE.				ADDRESS						
	MIAMI FL										
CITY-ST-ZIP	THE WITH I L	☐ DELETE	44 CI		1-21P					Change	Addition
NITLE NASAC		Detrit	5 1 Ti								C) regulion
NAME			5 2 NA		4600000						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		[***] DELETE	5 4 CI		- 7IP					[] Change	T) Addition
TITLE		DELETE	6 1 TI							☐ Change	Addition
NAME			62 NA								
STREET ADDRESS					ADDRESS						
City-St-7iP			64 01	rv., ç:	- 7IP	l					

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: \_\_

IGNATURE AND TYPED OR DRINNED HAME OF SIGNING OFFICER OR DIRECTOR

3 12 96

(305) 477-1142