

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M52635** (3)

1. Corporation Name
DINORALL CORPORATION

Principal Place of Business

**1450 NW 82ND AVE.
MIAMI FL 33126
US**

Mailing Address

**1450 NW 82ND AVE
MIAMI FL 33126-1508
US**



3. Date Incorporated or Qualified
05/22/1987

3a. Date of Last Report
03/19/1996

2. Principal Place of Business
21 **2031 NW 79 AVE**
Suite, Apt. #, etc.

22 City & State
MIAMI FL

24 Zip **33122** 25 Country **USA**

2a. Mailing Address
26 **2031 NW 79 AVE**
Suite, Apt. #, etc.

27 City & State
MIAMI FL

29 Zip **33122** 30 Country **USA**

4. FEI Number
59-2809081

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

9. Name and Address of Current Registered Agent

**ROMAN, NORBERTO M.
1450 NW 82ND AVE.
~~APT. A-919~~
~~MIAMI FL 33126~~**

10. Name and Address of New Registered Agent

81 Name

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

2031 NW 79 AVE

83

84 City

MIAMI

FL

85 Zip Code

33122

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 of the registered agent or the registered agent and official applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROMAN, NORBERTO	
STREET ADDRESS	1450 NW 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STEIN, JORGE E.	
STREET ADDRESS	1450 NW 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ENRIQUE, DILLON	
STREET ADDRESS	1450 NW 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DELL'OCA, MARTIN	
STREET ADDRESS	1450 NW 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROMAN, NORBERTO	
1.3 STREET ADDRESS	2031 NW 79 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33122	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEIN, JORGE E.	
2.3 STREET ADDRESS	2031 NW 79 AVE	
2.4 CITY-ST-ZIP	MIAMI, FL 33122	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ENRIQUE DILLON	
3.3 STREET ADDRESS	2031 NW 79 AVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33122	
4.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DELL'OCA, MARTIN	
4.3 STREET ADDRESS	2031 NW 79 AVE	
4.4 CITY-ST-ZIP	MIAMI, FL 33122	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

M Dell'Oca

MARTIN DELL'OCA

1/29/97

(305) 594-8018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)