FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M53982** **(8)**

1. Corporation Name
DONA AREPA, INC.

Principal Place of Business	Mailing Address
4310 SW 7TH STREET MIAMI FL 33134 US	4310 SOUTHWEST 7TH ST. MIAMI FL 33134 US

3. Date Incorporated or Qualified: **06/16/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26 7700 S.W. 67TH. TER.
Suite, Apt. #, etc.
27
City & State
28 Miami, FL.
Zip 29 33143 | Country 30 USA.

4. FEI Number: **59-2817689** ☐ 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

JIMENEZ, ALBERTO
4310 SOUTHWEST 7TH STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: JIMENEZ ALBERTO
82 Street Address (P.O. Box Number is Not Acceptable): 7700 S.W. 67TH TER.
83
84 City: Miami **FL** 85 Zip Code: 33143

11. Pursuant to the provisions of Section 607.0502 and 607.0505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1 TITLE	PTD.	☐ Change ☐ Addition
NAME	JIMENEZ, ALBERTO		2 NAME	JIMENEZ, ALBERTO	
STREET ADDRESS	4310 S.W. 7TH STREET		3 STREET ADDRESS	7700 S.W. 67 TH TER.	
CITY-ST-ZIP	MIAMI FL		4 CITY-ST-ZIP	MIAMI, FL. 33143.-	
TITLE	VSD	☐ DELETE	21 TITLE	VSD	☐ Change ☐ Addition
NAME	JIMENEZ, ROSA M.		22 NAME	JIMENEZ, ROSA M.	
STREET ADDRESS	4310 SW 7TH ST		23 STREET ADDRESS	7700 S.W. 67 TH TER.	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	MIAMI, FL 33143.-	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this report is true, complete and accurate as required by the exemption statute 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 added by an attachment with an (*) asterisk.

SIGNATURE: Alberto Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (12/95)