

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE
		Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS

FILED

97 AUG 13 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # M63626 (9)</b>
1. Corporation Name <b>DOMER LEASING COMPANY, INC.</b>

Principal Place of Business <b>3400 INTERNATIONAL PLACE 100 S.E. 2ND ST. MIAMI FL 33131 US</b>	Mailing Address <b>3400 INTERNATIONAL PLACE 100 S.E. 2ND ST. MIAMI FL 33131 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified <b>12/14/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0022162</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>BONNER, R. LAWRENCE 3400 INTERNATIONAL PLACE 100 S.E. 2ND ST. MIAMI FL 33131</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PAD <input type="checkbox"/> DELETE
NAME	<b>HOMER, PETER W.</b>
STREET ADDRESS	<b>640 SUNSET CIR</b>
CITY-ST-ZIP	<b>KEY BISCAVNE FL</b>
TITLE	VTDS <input type="checkbox"/> DELETE
NAME	<b>BONNER, R. LAWRENCE</b>
STREET ADDRESS	<b>10201 SW 55TH AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

400002270824-8  
-08/19/97-01019-012  
\*\*\*\*165.00 \*\*\*\*165.00

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 of Block 13 unchanged, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)

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# HOMER & BONNER, P.A.

INTERNATIONAL PLACE  
34<sup>TH</sup> FLOOR  
100 SOUTHEAST 2<sup>ND</sup> STREET  
MIAMI, FLORIDA 33131

R. LAWRENCE BONNER  
ANNETTE O. CIL  
JAY A. GAYOSO  
HAAS A. HATIC  
PETER W. HOMER  
LAWRENCE B. LAMBERT  
JENIFER YOUNG PFLEGER  
MAYDA PREGO  
GREGORY J. TRASK  
LORELEI J. VAN WEY  
MARC A. WITES  
BLAINE R. YOUNG

TELEPHONE (305) 350-5100  
TELECOPIER (305) 372-2738  
E-MAIL: hbps@cofs.com

JOSEPH A. HANCZOR  
OF COUNSEL

RICHARD B. SALZMAN  
OF COUNSEL

SENDER'S DIRECT NUMBER: (305) 350-5100

July 15, 1997

Divisions of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Domer Leasing Company, Inc.  
DOC. # M63626

On April 8, 1997, our corporation sent a payment of \$165.00 for our filing fee with the State. Upon receipt of your past due notice today, our research has determined that this payment has not cleared our bank probably lost in the mail. Attached is our copy of both the check and form originally sent to you in April. We are also including a replacement check for same and would appreciate if you would waive the late charges included in the past due statement due to these unforeseen circumstances. We thank you in advance.

Thank you,



Jose Hernando  
Controller