

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

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M 92402 (0)			
1. Corporation Name DOD M. CENTER CORP.			
Principal Place of Business 9417 N.W. 22ND AVE MIAMI, FL. 33147 US		Mailing Address 1570 N.E. 143RD ST. 9417 N.W. 22ND AVE. NORTH MIAMI, FL 33161	
2. Principal Place of Business		3. Date Incorporated or Qualified 07/29/1988	
21 Suite, Apt. #, etc.		3a. Date of Last Report 03/01/1996	
22 City & State		4. FEI Number 65-0068450	
23 Zip		Applied For Not Applicable	
24 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27			
28			
29			
30			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUIZ, MARIA 2190 N.W. 46th St. MIAMI, FL. 33142		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
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			
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME			
63 STREET ADDRESS			
64 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 included 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 as an attachment with an address.			
SIGNATURE: <u>JOSE RUIZ</u> 4/29/97 305-836-5577 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)