

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N41197 (7)**  
1. Corporation Name  
**THE DORAL COMMON CORPORATION**



Principal Place of Business: **111 FONTAINBLEAUBLVD MIAMI FL 33172**  
Mailing Address: **111 FONTAINBLEAUBLVD MIAMI FL 33172**

3. Date Incorporated or Qualified: **12/12/1990**  
3a. Date of Last Report: **04/18/1995**  
4. FEI Number: **65-0234522**  
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

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent:  
**FEELEY, VICKI  
111 FONTAINEBLEAU BLVD  
MIAMI FL 33172**

10. Name and Address of New Registered Agent:  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <del>PD</del>	NAME: LEVY, DOUG STREET ADDRESS: 4449 NW 93 DORAL CT CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE: VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>DS</del>	NAME: SOLOMON, CAROL STREET ADDRESS: 9328 NW 48 DORAL TERR CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>DT</del>	NAME: PAIGE, JOAN STREET ADDRESS: 5134 NW 94 DORAL PL CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE: SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD	NAME: JONES, JESSE STREET ADDRESS: 5117 NW 93 DORAL WAY CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <del>VPD</del>	NAME: MULLIGAN, MARY STREET ADDRESS: 4360 NW 93 DORAL CT CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	5.1 TITLE: TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD	NAME: ROTH, STANLEY STREET ADDRESS: 9454 NW 52 DORAL LANE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE: VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: Raymond Willenborg 6.3 STREET ADDRESS: 5484 N.W. 94 Doral Place 6.4 CITY-ST-ZIP: Miami, FL 33178

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carroll Solomon, Pres.* Date: *Jan. 31 1995* (305) 591-1247  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)