

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Mar 03 1998 8:00am
Secretary of State

DOCUMENT # N41197 (7)

THE DORAL COMMON CORPORATION



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

3. Date Incorporated or Qualified: **12/12/1990**
4. FEI Number: **65-0234522**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country
2a. Mailing Address: **26** Suite, Apt. #, etc. **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 **85** Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEVY, DOUG	
STREET ADDRESS	4449 NW 93 DORAL CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DOLCE, JOE	
STREET ADDRESS	4581 NW 93 DORAL CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PAIGE, JOAN	
STREET ADDRESS	5134 NW 94 DORAL PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JONES, JESSE	
STREET ADDRESS	5117 NW 93 DORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SOLOMON, STEVE	
STREET ADDRESS	9328 NW 48 DORAL TER	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, JOSEPH	
STREET ADDRESS	9419 NW 54 DORAL CIRCLE LANE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VPD D/1ST VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/3RD VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAX ALVAREZ	
3.3 STREET ADDRESS	4834 NW 94 DORAL PLACE	
3.4 CITY-ST-ZIP	MIAMI, FL 33178	
4.1 TITLE	D/2ND VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DONALD KOREN	
5.3 STREET ADDRESS	9311 NW 50TH DORAL CIRCLE SOUTH	
5.4 CITY-ST-ZIP	MIAMI, FL 33178	
6.1 TITLE	D/TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARIA ESPINO	
6.3 STREET ADDRESS	5434 NW 94 DORAL PLACE	
6.4 CITY-ST-ZIP	MIAMI, FL 33178	

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

SIGNATURE: *Joseph M. Hoffmann* Feb. 17, 1998 (305) 591-4478

CR2E037 (10/97)