## FILE NOW: FILING FEE IS \$61.25

NONPROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N470

DOLLAR INC OF

GREATER MIAM 1

Principal Place of Business

Suite, Apt. #, etc.

City & State

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Suite, Apt. #, etc.

City & State

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Mailing Address 6423 COLUNE AVE

MIAMI BEACH FL 33/41 MIAMI BEACH 2. Principal Place of Business 2a. Mailing Address

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FL 37141

Country

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3. Date Incorporated or Qualified 3a. Date of Last Report

FILED

Jul 24 1997 8:00am

Secretary of State

Zip Code

Not Applicable \$8.75 Additional

5. Certificate of Status Desired Fee Required

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent SMALL D PETAL PL

BEACH FL 33484

81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					

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

	am familiar with, and accept the obligations of, Section 617,050		ectors. Thereby accept the appointment as registered					
SIGNATURE								
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE					

Signature: typed or printed name of registered agent and title (I applicable. (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
THLE Charles	CAHN, EDGARS - DIRECTOR 5500 B -39 HIST NW WASHING TIN PC 10015	1.1 TITLE	☐ Change ☐ Addition			
NAME	CHILL THE WILL CHER	1.2 NAME				
STREET ADDRESS	3500 B -39 " 31 NW	1.3 STREET ADDRESS				
CITY-ST-ZIP	WASHINGTON PC +0015	1.4 CITY - ST - ZIP				
TITLE Prof.	MIYARES, ANA R. PRESIDENT	2.1 TITLE	☐ Change ☐ Addition			
NAME	MIGHIZES, ANA NI PRESIDENT	2.2 NAME				
STREE1 ADDRESS	6423 COLLINS AVE #1201	2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL33/YI	2 4 CITY-ST-ZIP				
TITLE Sec. D	SMALL NINA D DIOTHOR	31 TITLE	☐ Change ☐ Addition			
NAME TRANS	NAME TRANS	3.2 NAME				
STREET ADDRESS	BORD PETAL PL	3.3 STREET ADDRESS*				
CITY-ST-ZIP	DERAY BEACH FL 33484	3 4. CITY - ST - 7IP				
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE	· Change Addition			
NAME		5.2 NAME	D.F.			
STREET ADDRESS		5.3 STREET ADDRESS	1224			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1.0			
TITLE	☐ DELETE	6.1 TITLF.	Change Addition			
NAME		6.2 NAME	900002251889			
STREET ADDRESS		6.3 STREET ADDRESS	-07/30/9701005030			
CITY-ST-ZIP		6.4 CITY - ST - ZIP	***61.25			

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

DISMALL