

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002512 (9)**

1. Corporation Name
DOTAS, INC.

Principal Place of Business
**3601 NORTHWEST 194TH TERRACE
MIAMI FL 33055**

Mailing Address
**3601 NORTHWEST 194TH TERRACE
MIAMI FL 33056-2231**



3. Date Incorporated or Qualified 05/10/1996	3a. Date of Last Report _____
4. FEI Number 65-0664854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 4645 NW 23 Court	2a. Mailing Address P.O. Box 552512
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State Miami Florida	27. City & State MIAMI FLORIDA
24. Zip 33147	28. Zip 33055
25. Country USA	29. Country USA

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name Morris J. Mays
82. Street Address (P.O. Box Number is Not Acceptable) 4645 NW 23 Court
83. _____
84. City Miami
85. Zip Code FL 33147

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 **Morris J. Mays**

Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered agent signature required when reinstating)

13 March 1997

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, MORRIS J	1.2 NAME	
STREET ADDRESS	3601 NORTHWEST 194TH TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33055	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPKINS, FELIX	2.2 NAME	
STREET ADDRESS	3601 NORTHWEST 194TH TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33055	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, WALTER	3.2 NAME	
STREET ADDRESS	3601 NORTHWEST 194TH TERRACE	3.3 STREET ADDRESS	STD
CITY - ST - ZIP	MIAMI FL 33055	3.4 CITY - ST - ZIP	4645 NW 23 Court
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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 **Morris J. Mays** **13 March 1997**

CR2E037 (9/96)