FILED

Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90019 035 ****61.25

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600002512 \(\)

1. Corporation Name

DOTAS INC

DOTAS,	ING.						 			
Principal Place	e of Business	Mailing Addre	Mailing Address				5854.	59 ⁵ - 90019 -	35	
1767 NW 3RD	AVE	PO BOX 5525	12							
STE 18		_	MIAMI FL 33055							
MIAMI FL 3313	16	_ US	<u>U\$</u>				J (BOJAHA BIO HARIO DILE)	i aakii aalo ai	I THE HOUSE BEING HE	110 1101 1001
US										
2. Principal Place of Business 2a. Mailing Address			Idress				3. Date Incorporated or Qualifed			
1		26	26				05/10/1996			
Suite, Apt.	#, etc.	Suite, Apt	Suite, Apt. #, etc.				4. FEI Number		App	lied For
2		27	27				65-0664854			Applicable
City & Stat	е	City & Sta	City & State				5. Certifcate of Status Desired		\$8.75 A	
3		28					C. Contidute of Clarket Desired		Fee Red	
Zip	Country	Zip		Country			6. Election Campaign Financing		\$5.00	
4 25 29 3				0	Trust Fund Contribution				Added to	rees
	9. Name and Address of Curre	nt Registered Ager	<u>nt</u>		11	Nama	10. Name and Address of New F	cegisterea	Agent	
				ľ	"	Name				
MORRIS J	MAYS			. 8	32	Street Addres	ss (P.O. Box Number is Not Accepta	able)		
4645 NW	23RD CT									
Miami Fl	33143	•		١	33					
				: [8	34	City		FL	85 Zip C	ode
44 5	to the provisions of Sections 617.05	02 and 617 1500 E	orida Statutos	the abo		named comor	ation submits this statement for the	numana of	changing its r	registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such ch ations of, Section 61	ange was auti 7.0503, Florid	nonzed t a Statut	es.	he corporation	s board of directors. I nereby accep	ot the appoi	ntment as reg	istered
40	Signature, typed or printed name of registered ag	ND DIRECTORS	(NOTE: R	13.	gent	signature required v	ADDITIONS/CHANGES TO OF		ID DIRECTO	RS IN 12
IILE	PD		DELETE	1.1 TITU		-	7,00111010701011020 10 01		☐ Change	Addition
	MAYS, MORRIS J	_	, 52	1.2 NAME					_ •	
AME	3601 NORTHWEST 194TH TE	DDACE				TREET ADDRESS				
STREET ADDRESS	MIAMI FL 33055	INACE								
ITY-ST-ZIP TILE	VD ~		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition
VAME	SIMPKINS, FELIX			2.2 NAME						
STREET ADDRESS	TOTAL STATE OF THE PARTY OF THE			2.3 STREET ADDRESS		ADDRESS				
STY-ST-ZIP	MIAMI FL 33055	III		2. 4 CIT						
TILE	STD		DELETE	3.1 TITL					☐ Change	☐ Addition
AME	STARLING JEROME			3.2 NAM	E					Ì
STREET ADORESS	4645 NW 23RD CT			3.3 STRI	EET A	ADDRESS				
XITY-ST-ZIP	MIAMI FL			3.4. CITY						
TITLE	event after 7 to	<u> </u>	DELETE	4.1 TTL	_	-			Change	☐ Addition
IAME				4. 2 NAN	Æ					
TREET ADDRESS				4.3 STR	EET A	ADORESS				ļ
XITY-ST-ZIP				4.4 CITY	·ST•	- ZIP				
TITLE			DELETE	5.1 TITL	E				☐ Change	☐ Addition
IAME				5.2 NAM	E					-
TREET ADDRESS				5.3 STR	EET A	ADDRESS				

HTY-ST-ZIP 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, with all other like empowered.

5.4 City-St-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

TTY-ST-ZIP

TREET ADDRESS

TILE

IAME

於 REQUIRED

305-580-3923

☐ Change

Addition