## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000028596 (3)

DOMINION INVESTMENTS, INC.

Principal Place of Business		Mailing Address				18448	1868 BIJO 19118	#    {	
8340 N.W. 58TH ST. MIAMI FL 33166		8340 N.W. 58TH ST. MIAMI FL 33166-3409							
						3. Date Incorporated or Qualified 04/19/1993		ate of Last Ro 02/1996	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1,1/191.00 / 01			
21	27	26			65-0409824			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State		27   City & State			& Clastica Compaign Financia			·	
23		28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip	Country	Zip	Co	untry		8. This corporation has liability for in			
24	25	29	30	,			Yes [		100.002,
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	istered	Agent	
LEWI	IS, EDGAR E			81	Name				
KEITI	H, MACK, LEWIS, COHEN & LUI	MPKIN		82	Street Add	dress (P.O. Box Number is Not Acceptabl	e)		
	S. BISCAYNE BLVD., #2000								
MIAN	AI FL 33131			83					
				84	City			85 Zip (	Code
							FL	•     `	
11. Pursuant	to the provisions of Sections 607.050	12 and 607,1508, Florida Such char	da Statutes, the a	above ad b	e-named co	rporation submits this statement for the pu ation's board of directors. I hereby accep	Jrpose o	f changing its	s registered
agent. I a	m tamiliar with, and accept the oblig	ations of, Section 607.	.0505, Florida Ste	itutes	ine corpor S.	ations board of directors, thereby accept	tore app	JOHN HEIDEN AS	registered
SIGNATURE									
	Signature, typed or printed name of registered age				nt signature req	juried when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS ANI	DIRECTOR Change	Addition
TITLE	P L DELETE PRINZ, ADALBERTO			1.1 TILLE				CT change	I'''I WORKION
NAME OVERTE ARROSEOG	4480 NW 93 DORAL CT.		1.2 NAME		Innocoo				
STREET ADORESS	MIAMI FL		i i	1.3 STREET ADDRESS		22.13	.0		
CITY-ST-ZIP TITLE	VP	□ DE		1.4 CITY - ST - ZIP 2.1 TITLE		3317	_ <u>S</u>	Change	Addition
NAME	LACHAISE, CHRISTIAN			2.2 NAME				☐ Sharige	Nontroll
	5108 NW 108TH AVE				FE-DDEC-0				
STREET ADDRESS	MIAMI FL				ADDRESS	33 17	0		
CITY-ST-ZIP TITLE	total L	DE	CONTRACTOR OF THE PARTY OF THE PARTY	CITY - S	SI - ZIP	9314	<u>o</u>	Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-5					
TITLE		DE		ITLE	7. 1.0			Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			440	CHYES	1 - 7IP				
TITLE	DELETE			5.1 THLE				Change	Addition
NAME			5.21	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				OITY-S					
TITLE		DE		TITLE				Change	Addition
NAME			6.21	IAME					
STREET ADDRESS			6.3 5	STREET	AODRESS				

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 eath, that I am an officer or director of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a address.