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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300028596 (3)

DOMIN	ION INVESTMENTS, INC.	,			
Principal Place	e of Business	Mailing Address			i
8340 N.W. 58 MIAMI FL 331		8340 N.W. 58TH ST. MIAMI FL 33166		DO NOT WRITE IN THIS SPACE	
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
				04/19/1993	
2. Principal Pl	ace of Business	2a. Mailing Address			plied For
21		26		65-0409824 No	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired See Rec	
City & State		City & State		6. Election Campaign Financing \$5.00	May Be
23		28	T	Trust Fund Contribution Added to	
Zip 24	Country	Zip	Country 30	8. This corporation owes or has paid the current year Inta Personal Property Tax due June 30.	ingible No
47	9. Name and Address of Curre	29 nt Registered Agent	190]	Personal Property Tax due June 30. Yes	J 140
LE)	MIS, EDGAR E		81 Name		
	ITH, MACK, LEWIS, COHEN &	LUMPKIN	62 Street Add	ress (P.O. Box Number is Not Acceptable)	
200 S. BISCAYNE BLVD., #2000				ress (r. c. dox reunider is not Acceptable)	
MI	AMI FL 33131		83		
			84 City	85 Zip C	ode
19 Demounant	to the provisions of Continue CO7 OF	02 and 607 4508 Florida Statut		FL 65 200	registered
SIGNATURE	Signature, typed or printed name of registered ag		E Registered Agent signature requi	poration submits this statement for the purpose of changing its tion's board of directors. I hereby accept the appointment as represented the suppointment as	
TITLE	D OFFICERS AF	DELETÉ	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Addition
NAME	PRINZ, ADALBERTO		1.2 NAME	Stange	Addition
STREET ADDRESS	4480 NW 93 DORAL CT.		1.3 STREET ADDRESS		
CITY-SI-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	Change	Addition
NAME	LACHAISE, CHRISTIAN		2.2 NAME		
STREET ADDRESS	5108 NW 106TH AVE		2.3 STREET ADORESS		
CITY-ST-ZIP	MIAM! FL		2.4 CITY - ST - ZIP	- , , , ,	
TITLE		DELETE	3.1 TITLE	Change	Addition Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZIP		☐ DELETE	3.4. CITY - ST - ZIP	Change	Addition
TITLE		רין חנונונ	41 TITLE	Crange	LT MOUNT
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 er powered 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 an address.

SIGNATURE:

CITY-ST-ZIP

Print Pres 4/25/4

305-47-2255

FILED

May 06 1998 8:00am

Secretary of State

72E034 (10/97)