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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # DOCOMONASTRO (6)

FILED May 01 1997 8:00am Secretary of State

1. Corporation Name DOGREAT ENTERPRISES INC. Principal Place of Business 4985 WEST FLAGLER ST. MIAMI FL 33134 Mailing Address 4995 WEST FLAGLER ST. MIAMI FL 33134								
					3. Date Incorporated or Qualified 06/29/1993		ate of Last R 22/1996	leport
	Place of Business	2a. Mailing Address			4. FEI Number 65-0423162)—— 4—	oplied For of Applicable
Suite, Apt	t. #, etc				5. Certificate of Status Desired		\$8.75	Additional
2 City & Sta	ite	City & State			6. Election Campaign Financing			equired May Be
3		28	,	· · . · . · . · . · · · · · · · ·	Trust Fund Contribution		Added	to Fees
Zip 4	Country 25	Zip 29	Countr	У	This corporation has liability for Florida Statutes	intangible] Yes [199.032,
.1	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered	Agent	
QUINTANA, DAVID			81	Name				
4995 WEST FLAGLER ST. MIAMI FL 33134			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
*****	WIII 1 E 00 10 1		63			·-··		
			84	City		FL	65 Zip	Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was au agent 1 am familiar with, and accept the obligations of, Section 607.0505, Flori 				ve-named cor	rooration submits this statement for the		changino i	ts registered
DIRICE OF	registered agent, or bont, in the bid	ite di Fibrida. Such change was	authorized b	ay me corpora	ation's board of directors. I hereby acce	Di tho abb		
office or agent 1. SIGNATURE:	Signature, typed or printed name of registered a	agent and title of applicable. (NOT			uired when reinstating)	DATE		
GNATURE	Signature, typed or printed name of registered a OFFICERS A	agent and title of applicable. (NOI	E: Registered Ac	gent algnature requ		DATE	D DIRECTOR	9S IN 12
GIGNATURE 12.	Stgrature, typed or profed name of registered a OFFICERS A	agent and title of applicable. (NOT	TE: Registered Ac	on algorature requ	uired when reinstating)	DATE		
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	Stgrature, typed or prefed name of registered & OFFICERS A PSTD QUINTANA, DAVID 4995 WEST FLAGLER ST.	agent and title of applicable. (NOI	13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent algonature requirements ET ADDRESS ST-ZIP	uired when reinstating)	DATE	D DIRECTOR	9S IN 12
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