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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000077588 (0)

| 1. Corporation | Name | • | • | | | | | | |
|---|---|--|---------------------|---------------------|----------------------|---|--------------------------------|-------------|------------------------------------|
| DOME | T CORP. | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | - | | | |
| 13416 SW 115 TERRACE MIAMI FL 33186 | | 13416 SW 115 TERRACE MIAMI FL 33186 | | | | | | | |
| U\$ | | US | | | | 3. Date Incorporated or Qualified | 3a. Date | of Last Re | eport |
| | | | | | | 11/09/1993 | 0 | 5/01/19 | 95 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | , Mailing Address | | | | | | Applied For |
| 21 | | 26 | 6 | | | 65-0453194 | Not Applicable | | |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | Additional |
| 22 | | 27 | , I | | | | | | Required |
| City & State | | City & State | - 7 | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | <u> </u> | | | Trust Fund Contribution | | | d to Fees |
| Zip | Country Zip | | Cour | ntry | | This corporation has liability for Florida Statutes | | k under s | 199.032, |
| 24 | 25 | 29 | 30 | | | Florida Statutes Yes 10. Name and Address of New F | | | |
| | g. Name and Address of Curre | iit negistereu Agent | | Bi | Name | 10. Name and Address of New Y | ogistoreo / | .gon | |
| | | | | - 1 | | | | | |
| TRAVANO, MELITA A | | | | 82 | Street Addres | ss (P.O. Box Number is Not Acceptab | ile) | | |
| | SW 115 TERFIACE | | - | 83 | | | | | |
| I IMAIN | FL 33186 | | | 63 | | | | | |
| | | | | 84 | City | | FL | 85 Zij | p Code |
| 44 Europent | a the provisions of Sections 607 050 | 2 and 607 1508. Florida Statute | e the short | //e-na | med corooral | tion submits this statement for the pur | roose of cha | nging its r | registered office |
| or register | ed agent, or both, in the State of Flor | ida. Such change was authorize | ed by the c | orpor | ration's board | of directors. I hereby accept the app | ointment as | register ac | l agent. I am |
| familiar wit | h, and accept the obligations of, Sec | ction 607,0505, Florida Statutes | ٠ | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | r and tise diagolicable (NO | TF Beoistered | Agent s | signature required v | when reinstathol | DATE | | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AND | DIRECTO | DRS IN 12 |
| THILE | PD | ☐ DELETE | 1, 1 TI | 1. 1 TITLE | | | | Change | Addition |
| NAME | TRAVANO, MELITA A | | : 12 NA | : 12 NAME | | | | | |
| STREET ADDRESS | 6210 S.W. 20TH TERRACE | | 1.3 STREET ADDRESS | | DORESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33155 | | 1.4 CITY · ST - ZIP | | - ZIP | | | | |
| TITLE | VP DELETE | | 2 1 71 | 2 1 TITLE | | | | Change | ☐ Addition |
| NAME | TRAVANO, JUAN L. | | 2.2 NA | 2.2 NAME | | | | | |
| STREET ADDRESS | 6210 SOUTHWEST 20 TER | RACE | 2351 | REET A | DDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | | TY-ST- | ZIP | | | | |
| 1ITLE | | ☐ DELETE | 3. 1 Ti | 3. 1 TITLE | | | |] Change | ☐ Addition |
| NAME | | 3 | | 3 2 NAME | | | | | |
| STREET ADDRESS | | | 3 3. S | 3 3. STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | 3.4 C(| 3.4 CITY-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 4. 1 T | ITLE | | | [|] Change | ☐ Addition |
| NAME | | | 4 2 N/ | AME | | | | | |
| STREET ADDRESS | | | 4.3 S1 | REET A | ADDRESS | | | | |
| CITY - ST - ZIP | | | 4.4 CI | 1Y-SI | - ZIP | | | | |
| TITLE | | ☐ DELETE | 5 1 TITLE | | | | Ĺ | _] Chançe | ☐ Addition |
| NAME | | 5 | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET | | i | | | | |
| CITY-ST-ZIP | | | | TY-ST | - ZIP | | ··· | 7 (6 | Addition |
| TITLE | | | | 6 1 TITLE | | | į | Change | □ Addition |
| NAME | | | 6 2 N | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | during the filter (a continue of the | | 17-51 | | y the everyation stated in Castier 415 | 07/2)/IJ\ EI | rida Stati | toe I further |
| 14. I do hereb | by certify that the information supplied | with this filing is voluntarily furr | nsted and | uces o true | not quality to | or the exemption stated in Section 119 | .ur (a)(K), FIL seama lanal | effect as | nga. i iui li ioi if made under |

4.1 do hereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: __

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4/36/96 Daytime Prix

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