SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOMAINE INTERNATIONAL, INC.		
Principal Place of Business	Mailing Address	
4300 S.W. 73 AVENUE MIAMI FL 33155	P.O. BOX 56-0985 MIAMI FL 33156	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	
22 City & State	27 City & State	
23	28	

FILED Aug 13 1997 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/19/1993 4. FEI Number 09/30/1996 Applied For 65-0421583 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes ☐ No Personal Property Tax due June 30. 26 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SOUTH FLORIDA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 4750** 83 MIAMI FL 33131 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97) PSTD Change Addition TITLE ☐ DELET**E** 1.1 TITLE VALDES, FERNANDO S. RARES, JOSEPH W NAME 1.2 NAME 4300 S.W. 73 Ave 4300 SW 73 AVE 1.3 STREET ADDRESS STREET ADDRESS Miami, FL 33155 MIAMI FL 33155 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 2IP DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHTY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP

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 logal 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 the feet or on an attachment with an address.