

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000016928 (1)

1. Corporation Name

THE DOMINICAN HOUSE & COUNTRY CLUB, INC.



Principal Place of Business

Mailing Address

MR. MAXIMO CAMINERO
1145 NORMANDY DR., APT. 206
MIAMI BEACH FL 33141

MR. MAXIMO CAMINERO
1145 NORMANDY DR., APT. 206
MIAMI BEACH FL 33141

3. Date Incorporated or Qualified
02/28/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARDINAS, RENE
633 NE 125TH ST
N MIAMI FL 33161

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 then applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CAMINERO, MAXIMO
STREET ADDRESS 1145 NORMANDY DRIVE, APT. 203
CITY-ST-ZIP MIAMI BEACH FL 33141

11 TITLE DD
NAME Campillo, Luis
12 STREET ADDRESS 7105 Collins Ave
13 CITY-ST-ZIP Miami Beach 33141

TITLE VPD
NAME CAMPILLO, LUIS
STREET ADDRESS 7720 S. W. 135TH AVENUE
CITY-ST-ZIP MIAMI FL 33183

21 TITLE UPD
NAME Tiberio Castellanos
22 STREET ADDRESS 2929 NW 18 Ave # 405
23 CITY-ST-ZIP Miami FL 33142

TITLE TD
NAME GARCIA, FERNANDO
STREET ADDRESS 11820 S. W. 168TH TERRACE
CITY-ST-ZIP MIAMI FL 33177

31 TITLE TD
NAME ARISTY, Luis
32 STREET ADDRESS 6346 SW 136 COURT APT H 103
33 CITY-ST-ZIP Miami FL 33183

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE SD
NAME CAMINERO, MAXIMO
42 STREET ADDRESS 1145 NORMANDY DR #206
43 CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAXIMO CAMINERO

07/30/96 (305) 866-8670

CR2E034 (3/96)