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: \$750.)

**PROFIT** FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE CORPORATION • Sandra B. Moftham DIVISION OF CORPORATIONS ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 JUL 28 PH 2: 03 DOCUMENT # P9400041000 (8) DOMINICA HOLDINGS, INC. Principal Place of Business Mailing Address 12908 S.W. 133 CT 12908 S.W. 133 CT MIAMI FL 33186 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date incorporated or Qualified 05/26/1994 <u>12/24/1996</u> 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 TOMLINSON, E. JOHN 12908 S.W. 133 CT 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 City Zip Code 85 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) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. (4/97 DELETE TITLE 1.1 ] [] [4 TOMLINSON, E. JOHN NAME 1.2 NAME CR2E034 12908 S.W. 133 CT STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*165.00 MIAMI FL 33186 1.4 CITY-ST-ZIP CITY-ST-ZIP X DELETE 2 1 TITLE Change Addition TITLE GARTH, ROBERT A AJPRAKASH NAME 2.2 NAME 12908 S.W. 133 CT 2.3 STREET ADDRESS 9534 SW 143 G STREET ADDRESS **MIAMI FL 33186** 33 186 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 1ITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Channe Addition TITLE 51 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - S1 - ZIP CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the Information supplied with this filling 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.