

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P94000055682 (6)**
1. Corporation Name
DOJIF, INC.

| | |
|---|---|
| Principal Place of Business %DORISSA OF MIAMI, INC. 2751 N. MIAMI AVE. MIAMI FL 33127 | Mailing Address %DORISSA OF MIAMI, INC. 2751 N. MIAMI AVE. MIAMI FL 33127 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 07/25/1994 | |
| | | | | 4. FEI Number 65-0516119 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent ZEMEL AND KAUFMAN, P.A. 3550 BISCAYNE BLVD. SUITE 603 MIAMI FL 33137 | | | | 10. Name and Address of New Registered Agent 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 607.1508, 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 *Doree Bloom* **1/27/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLOOM, DOREE | 1.2 NAME | |
| STREET ADDRESS | 2751 N. MIAMI AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33127 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SELEVAN, JILL | 2.2 NAME | |
| STREET ADDRESS | 2751 N. MIAMI AVE. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33127 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SELEVAN, FRANK | 3.2 NAME | |
| STREET ADDRESS | 2751 N. MIAMI AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33127 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | D |
| STREET ADDRESS | | 4.3 STREET ADDRESS | GIL EPSTEIN |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | 2751 NORTH MIAMI AVE. MIAMI, FL. 33127 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | D |
| STREET ADDRESS | | 5.3 STREET ADDRESS | RICHARD EPSTEIN |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | 2751 NORTH MIAMI AVE. MIAMI, FL. 33127 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 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: *Doree Bloom* **2/27/98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)