

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 AUG 10 AM 9:19

TALLAHASSEE, FLORIDA

**DOCUMENT # P94000059298 (7)**

1. Corporation Name  
**DORA'S RESIDENCES, INC.**

Principal Place of Business: 13221 SW 12TH LN MIAMI FL 33183  
Mailing Address: 13221 SW 12TH LN MIAMI FL 33183

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/11/1994  
3a. Date of Last Report

|                                |         |                     |         |   |  |                                |  |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 4. FEI Number   |  | Applied For                    |  |
| 21                             |         | 26                  |         | 65-0579132  |  | Not Applicable                 |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 5. Certificate of Status Desired  |  | \$8.75 Additional Fee Required |  |
| 22                             |         | 27                  |         |   |  |                                |  |
| City & State                   |         | City & State        |         | 6. Election Campaign Financing Trust Fund Contribution                                  |  | \$5.00 May Be Added to Fees    |  |
| 23                             |         | 28                  |         |   |  |                                |  |
| Zip                            | Country | Zip                 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  |                                |  |
| 24                             |         | 29                  |         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                     |  |                                |  |

|   |  |  |  |   |  |  |    |
|---|--|--|--|---|--|--|----|
| 9. Name and Address of Current Registered Agent                                 |  |  |  | 10. Name and Address of New Registered Agent          |  |  |    |
| SWAN, MICHAEL J ESQ<br>2701 LE JEUNE RD SUITE 340<br>CORAL GABLES FL 33134-5821 |  |  |  | b1 Name   |  |  |    |
|   |  |  |  | b2 Street Address (P.O. Box Number is Not Acceptable) |  |  |    |
|   |  |  |  | b3  |  |  |    |
|   |  |  |  | b4 City   |  |  | FL |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------|---|---|
| TITLE                      | DP               | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROLDOS, DORA     | 1.2 NAME  |   |
| STREET ADDRESS             | 13221 SW 12TH LN | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | MIAMI FL 33183   | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 2.2 NAME  |   |
| STREET ADDRESS             |                  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                  | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 3.2 NAME  |   |
| STREET ADDRESS             |                  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                  | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 4.2 NAME  |   |
| STREET ADDRESS             |                  | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                  | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                  | 5.2 NAME  |   |
| STREET ADDRESS             |                  | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                  | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                  | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dora Roldos PRESIDENT 8-6-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Phone #)

CR2E034 (3/95)