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.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P94000072985 (2) VACATION DOMINICANA, INC. Mailing Address Principal Place of Business C/O J. ROSEN 3701 JACKSON ST 4505 N.W. 31 AVE. **APT 105** 3a. Date of Last Report FT. LAUDERDALE FL 33309 Date Incorporated or Qualified HOLLYWOOD FL 33021 05/01/1995 Applied For 4. FEI Number 65 Mading Address 2. Principal Place of Business 2a. Not Applicable APPLIED FOR 4507 NW31AUR 26 21 \$8.75 Additional 5. Certificate of Status Desired Suite: Apt #, etc Suite, Apt # etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution ET. 28 23 This corporation has liability for intangible tax under s. 199 032 Country Zφ Yes 🔀 No Florida Statutes 30 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COHEN, LAURIE B Street Address (P.O. Box Number is Not Acceptable) 82 790 E BROWARD BLVD SUITE 200 83 FT LAUDERDALE FL 33301 Zip Code 85 84 City FL 11. Pursuans 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Respected Agest aguston recommunication of status) Supportion the product came of our steroid age it and the in applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 1/10 TITLE E034 1.2 NAME PEREZ, MARILYN R NAME 13 STREET ADDRESS 3701 JACKSON ST APT 105 STREET ADDRESS 1.4 CiTY - ST - ZiP HOLLYWOOD FL 33021 CITY-S1-ZIP Change Addition DELETE DVS TITLE 2.2 NAME GARLAND, JOSE P NAME 2.3 STREET ADDRESS 3701 JACKSON ST APT 105 STREET ADDRESS 2 4 City - St - 7IP HOLLYWOOD FL 33021 Change Addition CITY-ST-ZIP DELETE 3.1 TiTLE TITLE 3.2 NAME KUSHNER, DAVID NAME 3 3 STREET ADDRESS 3701 JACKSON ST APT 105 STREET ADDRESS 34 CHY-ST-ZP HOLLYWOOD FL 33021 Change Addition CITY - ST - ZIP DELETE 4.1 TITUE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIF Change ____ Add-tion DELETE 5.1 HILE TITLE 5.2 NAME NAMÉ 53STHEET ADDRESS STREET ADDRESS 900001884829ange Addition -07/05/96--01032--019 5.4 CITY ST-ZIP CITY-ST-ZIE DELFTE 61 Tille i THILE 6.2 NAME NAME ***225.00 6.3 STREET ADDRESS STREET ADDRESS 6.4 C1TY - \$1 - 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 1 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 it made under oath, that I am an officer or director of the comporation or the proceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Brock by or Block 13 if changed or on an attachment with an address.

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: