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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham \*

**FILED** 

Jun 09 1997 8:00am

Secretary of State

Secretary of state

DIVISION OF CORPORATIONS

## DOCUMENT # P95000048809 (4)

DOMASA, INC.

Principal Plac		Mailing Address	· ·		1 (4011001 118 10101 01111 09111 10111 00111	II BRITT AIZBI IBIRI IBIII ABII	10 1014 4001
101 MADEIRA AVE.   WARAZOZA & COMAS. P.A.		101 MADEIRA AVE. WARAZOZA & COMAS, P.A	101 MADEIRA AVE.				
CORAL GABLE		CORAL GABLES FL 33134					
L					<ol> <li>Date Incorporated or Qualified 06/22/1995</li> </ol>	3a. Date of Lest R 04/09/1996	Report
<del></del> ,		2e, Mailing Address	g Address		4. FEI Number APPLIED FOR 52-2	035314 A	oplied For
Suite, Apt. W. etc.		Suite, Apt. #, etc.		APPLIED FOR 92 2		ot Applicable	
22			27		5. Certificate of Status Desired		Additional equired
City & State		City & State		6. Election Campaign Financing	npaign Financing \$5.00 May Be		
23	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	a		8. This corporation has liability for		s. 199.032,
24	25   29   30   29   Name and Address of Current Registered Agent		30	<del></del> -	Florida Statutes Yes No		
ARA	ZOZA COMAS, DE TORRES &		81	Name			<del></del>
101 MADEIRA AVE.				82 Street Address (P.O. Box Number is Not Acceptable)			
	VAL GABLES FL 33134		04	Street Ac	diress (P.O. Box Number is Not Acceptate	biej	
			83				
	•		84	City		85 Zip	Code
<u> </u>				'		FL	
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statute e of Florida. Such change was a	es, the abov authorized b	re-named or y the corpo	orporation submits this statement for the poration's board of directors. I hereby accept	purpose of changing it pt the appointment as	ts registered registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Fic	orida Statute	S	, ,		ū
GIGNATURE	Signature, typed or printed name of registered as	Soul and live if aunicable (NOTE	F Beniswand Ar	ent signature re	equired when reinstating)	DATE	
12.		ND DIRECTORS	13.	Dirk organization of	ADDITIONS/CHANGES TO OFFIC		
TITLE 🙀	PD	DELETE	1.1 101LE			Change	Addition
NAME 3	SANTOS, PEDRO SR.		1,2 NAME				
STREET ADDRESS	%101 MADEIRA AVE.		1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134	Doneste	1.4 CITY-	ST-7IP			T A Live
TITLE	VD SANTOS, BERTA	☐ DELETE	21 10TLE	1		☐ Change	Addition
NAME STREET ADDRESS I	%101 MADEIRA AVE.		2.2 NAME	T ADDRESS			
CITY ST ZIP	OORAL GABLES FL 33134		2 4 City	ŀ			
TITLE	8D □ DELETE		3.1 TITLE			Change	Addition
NAME	SANTOS, PEDRO JR.		3.2 NAME				
STREET ADDRESS	%101 MADEIRA AVE.		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4 CITY	ST-ZIP		·	
TITLE		LJ DELETE	4.1 TITLE			∐ Change	Addition
NAME			4. 2 NAME			•	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP TITLE		L. DELETE	4.4 CITY - 5.1 TITLE	SI-ZIP		Change	Addition
NAME		Read Of the Fit	5.2 NAME			المانية المناه	
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	-			
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP			6.4 CITY -	S1-ZIP			- <del></del>
14. I do heret informatio	by certify that the information suppli in indicated on this annual report or	ed with this kling does not qualif supplemental annual report is tr	y for the ex rue and acc	emption sta urate and ti	ited in Section 119.07(3)(i), Florida Statute hat my signature shall have the same lear	3s. I further certify that all offect as if made un	the ider oath; that
1 am an o 1 anseaga	flicer or director of the corporation on Block 12 or Block 13 if changed.	or the receiver or trustee empow or on an attachment with an arid	ered to exe Iress.	cute this rep	sted in Section 119.07(3)(i), Florida Statute hat my signature shall have the same legs port as required by Chapter 607, Florida S	Statutes; and that my i	name