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Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90105 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000048809

1. Corporation Name  
DOMASA, INC.

Principal Place of Business  
101 MADEIRA AVE.  
%ARAZOZA & COMAS, P.A.  
CORAL GABLES FL 33134

Mailing Address  
101 MADEIRA AVE.  
%ARAZOZA & COMAS, P.A.  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1995

4. FEI Number

52-2035314

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

ARAZOZA COMAS, DE TORRES & FERNANDEZ-FRAGA  
101 MADEIRA AVE.  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Arazoza, Comas, de Torres &

82 Street Address (P.O. Box Number is Not Acceptable)

2100 Salzedo Street

83 Suite 300

84 City Coral Gables,

FL

85 Zip Code 33134

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANTOS, PEDRO SR.	
STREET ADDRESS	%101 MADEIRA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANTOS, BERTA	
STREET ADDRESS	%101 MADEIRA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SANTOS, PEDRO JR.	
STREET ADDRESS	%101 MADEIRA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Santos, Pedro Sr.	
1.3 STREET ADDRESS	c/o 2100 Salzedo Street, Suite 300	
1.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Santos, Berta	
2.3 STREET ADDRESS	c/o 2100 Salzedo Street, Suite 300	
2.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Santos, Pedro Jr.	
3.3 STREET ADDRESS	c/o 2100 Salzedo Street, Suite 300	
3.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)