


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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000065205 (3)**  
 1. Corporation Name  
**DOMITAL CORPORATION**



Principal Place of Business <b>3625 N.W. 82ND AVENUE                  SUITE 103                  MIAMI FL 33166</b>	Mailing Address <b>3625 N.W. 82ND AVENUE                  SUITE 103                  MIAMI FL 33166</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3785 NW 82ND AVE</b> Suite, Apt. #, etc. <b>22 417</b> City & State <b>23 MIAMI FL</b> Zip Country <b>24 33166 25 DADE</b>		2a. Mailing Address <b>26 3785 NW 82ND AVE</b> Suite, Apt. #, etc. <b>27 417</b> City & State <b>28 MIAMI FL</b> Zip Country <b>29 33166 30 DADE</b>		3. Date Incorporated or Qualified <b>08/23/1995</b>	4. FEI Number <b>65-0612298</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**COCCARELLO, JUAN C.**  
**3625 N.W. 82ND AVENUE**  
**SUITE 103**  
**MIAMI FL 33166**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>3785 NW 82ND AVE</b>
83 <b>SUITE 417</b>
84 City <b>MIAMI</b> <b>FL</b> 85 Zip Code <b>33166</b>

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]* 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	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>COCCARELLO, JUAN C</b>	
STREET ADDRESS	<b>% 3625 N.W. 82ND AVE. SUITE 103</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>COCCARELLO, MARITZA E</b>	
STREET ADDRESS	<b>% 3625 N.W. 82ND AVE. SUITE 103</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3785 NW 82ND AVE SUITE 417</b>
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>90 3785 NW 82ND AVE SUITE 417</b>
2.4 CITY-ST-ZIP	<b>MIAMI FL 33166</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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.

SIGNATURE *[Signature]* **JUAN CARLOS COCCARELLO** DATE

CR2E034 (10/97)