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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000081508 (0)

DORADO'S CORP.

**FILED** May 14 1998 8:00am Secretary of State



Principal Pla	ice of Business	Mailing Address			L immermin sim idem attit måtte måter	PECKI WOLDS 1910		101 1011 1091	
	20 COURT	5761 WEST 20 COURT							
HIALEAH F	L 33016	HIALEAH FL 33016	HIALEAH FL 33016			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						10/23/1995			
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0620885		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22		27						Fee Re	
City & Sta	ate	City & State				6. Election Campaign Financing	_	\$5.00	
Zip	Country					Trust Fund Contribution	<u> </u>	Added 1	
24	25	<b>⊢</b>	30	iti y		<ol> <li>This corporation owes or has present Property Tax due June</li> </ol>	_		angible   No
£4	9. Name and Address of Currer		30			10. Name and Address of New F			1110
Γ.	ORADO, GLORIA S		1	B1	Name			<del>. 7</del>	
	761 WEST 20 COURT			82	Charles Addison	(CO Day North as in Not Assent	hia\		
	NALEAH FL 33016			DZ	Street Addres	ss (P.O. Box Number is Not Accepta	ible)		
-			Ī	B3					
<b>«</b>				B4	City			85 Zip (	Code
44 5		DOMESTIC OF THE ONLY					FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 Stonetive, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstaling)  DATE									
12,	Signature, typed or printed name of registered age OFFICERS AN		Hegistered	Ageni	I signature required	ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTOR	IS IN 12
TITLE	PTD			.E		ADDITIONO/OFFICE TO OFF	02101110	Change	Addition
NAME	DORADO, PEDRO E		1.2 NAA					_ •	
STREET ADDRESS	ETAL WEST ON SOLIDT				.DDRESS				İ
CITY-ST-ZIP	HIALEAH FL 33016			1.4 City-St-ZiP					
TITLE	VSD	DELETE	2.1 TITLE				·	Change	Addition
NAME	DORADO, GLORIA S		2.2 NAME						
STREET ADDRESS	5761 WEST 20 COURT		2.3 STREET ADDRESS		DDRESS				
City-St-Zip	HIALEAH FL 33016		2. 4 CITY - ST - ZIP		- ZIP				
TITLE		DELETE	3.1 TITLE		]			Change	Addition
NAME			3.2 NAME						
STREET ADDRESS	s		3.3 STREET ADDRESS		.DDRESS				
CITY-ST-ZIP			3.4. CIT		- ZIP			T 0:	
TITLE		☐ DELETE	4.1 TITLE					Change	<b>△</b> Addition
NAME			4. 2 NAM						
STREET ADDRESS	5				DDRESS				
CITY-ST-ZIP TITLE	<del> </del>	DELETE	4.4 CITY - S 5.1 TITLE		· ZIP			Change	Addition
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NAME OTRECT ADDRESS	,		5.2 NAME 5.3 STREET		DUBESC				
STREET ADDRESS	` <b> </b>								
CITY-ST-ZIP TITLE	<del> </del>	☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		- 211"		<del> </del>	Change	Addition
MAME			6.2 NAN						
STREET ADDRESS	, [		6.3 STR		DDBESS				
CITY-ST-ZIP	` <b> </b>		6.4 CITY						
	i	itt this films close not availe to				action 110 07/3Vi) Florida Statuton	I further oo	rtifu that the	information

Thereby certify triat the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(). 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 only attachment with an address.