FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR 28 AM 7:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 96000004065

1. Corporation Name

DOLLY BROOKS INVESTMENTS INC.

Principal Place of Business
222 N.E. 1 Avenue
Hallandale, FL 33009

Mailing Address
222 N.E. 1 Avenue
Hallandale, FL 33009

3. Date Incorporated or Qualified: 01-12-96

3a. Date of Last Report:

4. FEI Number: 65-0644304-260 8/2 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 222 N.E. 1 Avenue
Suite, Apt. #, etc.
22
City & State
23 Hallandale, Florida
Zip
24 33009
Country
25 U.S.A.

2a. Mailing Address
26 222 N.E. 1 Avenue
Suite, Apt. #, etc.
27
City & State
28 Hallandale, Florida
Zip
29 33009
Country
30 U.S.A.

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Izaatkhanu K. M.
14999 N.W. 87 Place
Miami Lakes, Florida 33016

10. Name and Address of New Registered Agent

31 Name: Izaatkhanu K. M.
32 Street Address (P.O. Box Number is Not Acceptable): 222 N.E. 1 Avenue
33
34 City: Hallandale FL
35 Zip Code: 33009

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 Izaatkhanu K.M. [signature] 4-25-97

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	Director	☐ DELETE
NAME	Izaatkhanu K. M.	
STREET ADDRESS	222 N.E. 1 Avenue	
CITY-ST-ZIP	Hallandale, Florida 33009	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	700002157447--3	
1.3 STREET ADDRESS	-04/29/97--01001--013	
1.4 CITY-ST-ZIP	****165.00 ****165.00	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: Izaatkhanu K.M., Director [signature] 4/25/97 (954)456-2262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #