

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

DOCUMENT # P96000009028 (7)

1. Corporation Name
DOS MAR CORPORATION



Principal Place of Business
1325 N.W. 118TH STREET
MIAMI FL 33167

Mailing Address
1325 N.W. 118TH STREET
MIAMI FL 33167-3227

3. Date Incorporated or Qualified 01/29/1996-3/14/96	3a. Date of Last Report N/A
4. FEI Number JK-65-0644116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1325 NW 118 STREET Suite, Apt. #, etc. 22 City & State Miami, FL Zip 33167 Country USA	2a. Mailing Address 26 1325 NW 118 STREET Suite, Apt. #, etc. 27 City & State Miami, FL Zip 33167 Country USA
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9. Name and Address of Current Registered Agent
PUENTES, MARGARITO
1325 N.W. 118TH STREET
MIAMI FL 33167

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 to: _____) (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUENTES, MARGARITO	1.2 NAME	
STREET ADDRESS	1325 N.W. 118TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	1.4 CITY-ST-ZIP	
TITLE	SVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUENTES, MARIA	2.2 NAME	
STREET ADDRESS	1325 N.W. 118TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Margarito Puentes QUIRUP

3/5/97

CR2E034 (9/96)