

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90013 040 ***150.00

10/00/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P96000009028** ✓

1. Corporation Name
DOS MAR CORPORATION



Principal Place of Business
 1325 NW 118 ST
 MIAMI FL 33167
 US

Mailing Address
 1325 NW 118 ST
 MIAMI FL 33167
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/29/1996

4. FEI Number
65-0644116 Applied For
 Not Applicable

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 owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUENTES, MARGARITO
 1325 N.W. 118TH STREET
 MIAMI FL 33167

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	PUENTES, MARGARITO	
STREET ADDRESS	1325 N.W. 118TH ST.	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	PUENTES, MARIA	
STREET ADDRESS	1325 N.W. 118TH ST.	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 _____ DATE **7-07-99** DAYTIME PHONE # **305-685-6673**
Signature, typed or printed name of signing officer or director

CR2E034 (5/99)

588212-90013-40
P96000009028

July 8, 1999

ANNUAL REPORTS FILINGS
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

DEAR SIRS :

We have just received your request for the 1999 Corporation Annual Report marked 2nd. notice. We are very much surprised because, to the best of our knowledge, this is the first such request received this year.

I am 69 years old and I do not know much about these things so I try to be very careful with these reports.

Of course, I have to rely on my son, or a friend, or my tax preparer to read these letters for me because when I came to this country, I was too old to be able to learn to read and write English properly.

I do remember having some problems with my mail in January and February of this year. I had to request a duplicate bank statement in January because I did not get one. In February a neighbor brought to us the package of blank checks for my wife, which were delivered to their house..

When I called your office - or rather a friend called for me- the lady who answered said that I should have called in February to request my package, but we are not sophisticated enough to know that. I know enough to miss a bank statement because I get one every month, but how am I supposed to remember that

I should get a package from the state in January. My tax preparer has advised me to write it in my 1999 calendar for December and transfer it to my 2000 calendar for January. Well, I am doing it and we

should no have any problems next year. Please accept the regular payment of \$150.00 (enclosed) for 1999 and I promise that this will not happen again. With our apology...

Sincerely Yours,



MARGARITO PUENTES