

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90253 050 ***150.00

DOCUMENT # P96000018121

1. Corporation Name

D.O.R.I.A. LTD, INC.

Principal Place of Business

Mailing Address

325 MERIDIAN AVENUE
SUITE 19
MIAMI BEACH FL 33139
US

325 MERIDIAN AVENUE
SUITE 19
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1996

4. FEI Number

65-0658357

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

534

26 Suite, Apt. #, etc.

534

23 City & State

MIAMI BEACH FL

28 City & State

MIAMI BEACH FL

24 Zip

33140

Country

US

29 Zip

33140

Country

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

MIAMI BEACH

FL

85 Zip Code

33140

CROTEAU, ROGER C
325 MERIDIAN AVENUE STE 19
MIAMI BEACH FL 33139

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CROTEAU, ROGER C
STREET ADDRESS 325 MERIDIAN AVENUE STE 19
CITY-ST-ZIP MIAMI BEACH, FL 33139

☐ DELETE

TITLE sd
NAME HERNANDEZ, ALFREDO
STREET ADDRESS 3301 NE 5TH AVENUE STE 313
CITY-ST-ZIP MIAMI, FL 33137

☐ DELETE

TITLE TD
NAME PENUELA, ANTONIO
STREET ADDRESS 5101 COLLINS AVENUE STE 10D
CITY-ST-ZIP MIAMI BEACH, FL 33140

☐ DELETE

TITLE T
NAME DOMINGUEZ, LAZARO
STREET ADDRESS 430 NE 29TH TERRACE STE 5
CITY-ST-ZIP MIAMI, FL 33137

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
CROTEAU, ROGER C
5151 COLLINS AVENUE STE 534
MIAMI BEACH FL 33140

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

sd
KRISTIN HALLDORSDDOTTIR
416 NE 10TH AVENUE
FT. LAUDERDALE FL 33301-1220

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

PD
PENUELA, ANTONIO
5151 COLLINS AVENUE STE 534
MIAMI BEACH, FL 33140

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

T
DOMINGUEZ, LAZARO

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

ANTONIO PENUELA

4/28/99

305-864-4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)