

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000031853 (0)

1. Corporation Name

DORIAN'S PLACE INC.



Principal Place of Business 7125 S.W. 47TH ST. SUITE 902 MIAMI FL 33155	11865 S.W. 26 ST. A-2 MIAMI, FL 33175	Mailing Address 7125 S.W. 47TH ST. SUITE 902 MIAMI FL 33155-4633	5031 S.W. 104 AVE MIAMI, FL 33165
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2. Principal Place of Business 21 11865 S.W. 26 ST. A2 Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL 24 Zip 33175 25 Country DADE	2a. Mailing Address 26 5031 S.W. 104 AVE. Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL 29 Zip 33165 30 Country DADE	3. Date Incorporated or Qualified 04/11/1996	3a. Date of Last Report
		4. FEI Number 65-0662809	Applied For 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	

9. Name and Address of Current Registered Agent

PEREZ, DAVID
15040 S.W. 78TH TERRACE
MIAMI FL 33143
5031 S.W. 104 AVE.
MIAMI, FL 33165

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 provisions of Section 607.0506, Florida Statutes.

SIGNATURE

DAVID PEREZ
President

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME PEREZ, DAVID STREET ADDRESS 15040 S.W. 78TH TERRACE CITY-ST-ZIP MIAMI FL 33143	<input type="checkbox"/> DELETE	1.1 TITLE D 1.2 NAME EDUARDO GARCIA 1.3 STREET ADDRESS 5031 S.W. 104 AVE 1.4 CITY-ST-ZIP MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME CHLOEIS GARCIA 2.3 STREET ADDRESS 5031 S.W. 104 AVE 2.4 CITY-ST-ZIP MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

DAVID PEREZ

or. 485-0033.
4-26-97 598 92 99.

CR2E034 (9/96)