

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 Zip 24 33175 Country 25 DADE	2a. Mailing Address 26 5031 S.W. 104 AVE. Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33165 Country 30 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 checked="" type="checkbox"/> No
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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 85 Zip Code FL
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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 607.0505, Florida Statutes.

SIGNATURE: **DAVID PEREZ** *President* DATE: **4-26-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D PEREZ, DAVID	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D EDUARDO GARCIA
NAME	16345 S.W. 78TH TERRACE	1.2 NAME	5031 S.W. 104 AVE
STREET ADDRESS	MIAMI FL 33143	1.3 STREET ADDRESS	MIAMI, FL 33165
CITY-ST-ZIP	5031 S.W. 104 AVE	1.4 CITY-ST-ZIP	MIAMI, FL 33165
	MIAMI, FL 33165	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D CHLORES GARCIA
TITLE <input type="checkbox"/> DELETE		2.2 NAME	5031 S.W. 104 AVE
NAME		2.3 STREET ADDRESS	MIAMI, FL 33165
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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: **DAVID PEREZ** *President* DATE: **4-26-97** **598 92 99**

CR2E004 (9/96)