

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000031853 (0)

1. Corporation Name

DORIAN'S PLACE INC.



Principal Place of Business

11865 SW 26TH ST  
A2  
MIAMI FL 33175  
US

Mailing Address

5031 SW 104TH AVE  
SUITE 302  
MIAMI FL 33165  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2711 S.W. 137 AVE.

Suite, Apt. #, etc.

22 # 51

City & State

23 MIAMI FL

Zip

24 33175

Country

25 DADE

2a. Mailing Address

26 5901 S.W. 109 AVE.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33173

Country

30 DADE

3. Date Incorporated or Qualified

04/11/1996

4. FEI Number

65-0662809

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ, DAVID  
5031 SW 104TH AVE  
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name EDUARDO GARCIA

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

5901 S.W. 109 AVE.

83

84 City

MIAMI

FL

85 Zip Code

33173

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 607.0509, Florida Statutes.

SIGNATURE

EDUARDO GARCIA

Signature, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

4-27-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME PEREZ, DAVID  
STREET ADDRESS 5031 SW 104TH AVE  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D  
NAME EDUARDO, GARCIA  
STREET ADDRESS 5031 SW 104TH AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D  
NAME CHLORIS, GARCIA  
STREET ADDRESS 5031 SW 104TH AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE D  
2.2 NAME EDUARDO GARCIA  
2.3 STREET ADDRESS 5901 S.W. 109 AVE  
2.4 CITY-ST-ZIP MIAMI, FL 33173 ☒ Change ☐ Addition

3.1 TITLE D  
3.2 NAME CHLORIS GARCIA  
3.3 STREET ADDRESS 5901 S.W. 109 AVE  
3.4 CITY-ST-ZIP MIAMI, FL 33173 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ 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 any statement with an address.

SIGNATURE:

DAVID PEREZ

4-27-98

485-0033

CR2E034 (10/97)