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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000040674 (9)

DOUGLAS ROAD ASSOCIATES, INC.

Principal Place of Business Mailing Address

100 N.W. 37TH AVENUE 5TH FLOOR MIAMI FL 33125

2. Principal Place of Business

SIGNATURE:

2a. Mailing Address

100 N.W. 37TH AVENUE **5TH FLOOR** MIAMI FL 33125

**FILED** Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified 05/13/1996

4. FEI Number

21		26	26			65-0672780	Nc	ot Applicable
Suite, Apt.	#, ølc	Suite, Apt. #, etc	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75	
22	27					5. Certificate di Status Desires	Fee Re	equired
City & State City & Sta			ato			6. Election Campaign Financing	\$5.00	May Be
23	*	28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zφ	<del></del>	intry		8. This corporation owes or has paid the	_ ` _	- ·
24	25	29	30	_		Personal Property Tax due June 30.		No
g. Name and Address of Current Registered Agent						10. Name and Address of New Registers	d Agent	
alonso, julio C esq.				81	Name			
100 N.W. 37TH AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				
5TH FLOOR								
MIAMI FL 33125				83				ţ
			1	64	City		85 Zip (	Code
						<b>_ _</b>	L	
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 affice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's heard of directors. I hereby account the appointment as 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								
	Stynature, typod or printed came of registered ag		L Registere	d Age	ni signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
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TITLE		☐ DELETE					☐ Change	Addition
NAME			6.2 NA	ME	ļ		-	]
STREET ADDRESS			1		ADDRESS			1
CITY-ST-7IP			6 4 CF					1
14. I hereby d	ertify that the information supplied w	vith this filing does not qualify for	or the exe	empti	ion stated in S	Section 119.07(3)(i), Florida Statutes. I further	certify that the	information
indicated on this annual report or supplemental arrough 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.								

1 President