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

Mailing Address 9100 SW 69TH STREET

MIAMI FL 33173-2450

2a. Mailing Address

26

Profit Corporation Annual Report

1997

Principal Place of Business

2. Principa' Place of Businoss

9100 SW 68TH STREET MIAMI FL 33173

21

CHY-ST 7e

SIGNATURE: Manuel Jamaho



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1997 8:00am

Secretary of State

305-883-6616

3a. Date of Last Report

Applied For

Not Applicable

3. Date Incorporated or Qualified

05/23/1996

65-0684629

4. FEI Number

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000044382 (5)

PORT DORAL INVESTMENTS. INC.

Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 210 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FERNANDEZ, MANUEL 9100 SW 68TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33173** 83 84 City 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 obligations of, Section 607.0505, Florida Statutes. SIGNATURE Supervisor type to or prestrict name of registering agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE THE 1.1 TITLE FERNANDEZ, MANUEL NAM 1.2 NAME 9100 SW 68TH STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33173 (JTY - S1 - ZIF 1.4 CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE THILE NAME **2.2 NAME** 2.3 STREET ADDRESS STREET ADDRESS CHY-\$1-20 2. 4 CiTY - ST - ZiP DELETE Addition 31 TITLE mut NAME 32 NAME **3 3 STREET ADDRESS** STREET ADDRESS City-St-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 THLE THUE 4.2 NAME MAME 4.3 STREET ADDRESS STEEL LADDRESS 4.4 CITY - ST - ZIP C(TY-\$1-7)E DELETE Change Addition 5.1 TITLE THEF NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CHY-51-20 DELETE 6.1 TITLE Chance Addition 100 FAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 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.

NAME OF SIGNING OFFICER OR DIRECTOR