## 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 # P96000046742 (8)

**DONAMAR #7 CORPORATION** Principal Place of Business Mailing Address 407 LINCOLN ROAD, SUITE 704 407 LINCOLN ROAD, SUITE 704 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0675071 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 5. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. ΠNο g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FEINGOLD, LAURENCE 407 LINCOLN ROAD, SUITE 704 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 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** Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition FEINGOLD, TAMAR 1.2 NAME NAME 407 LINCOLN ROAD, SUITE 704 STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP \_\_ DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 52 NAME

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 suppliemental 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Tamas Kencald

March 13, 1998 (305)538-1686

Addition

**FILED** 

Mar 18 1998 8:00am

Secretary of State