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PROFIT GORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079674 (3)

TRG DORAL, INC.

CITY-ST-2IP

SIGNATURE:

Principal Place of Business Mailing Address 2828 CORAL WAY PENTHOUSE SUITE 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145 MIAMI FL 33145 3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1996 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 26 Not Applicable Suite Apt # ctc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** 28 Added to Fees Zip Country Country B. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALHADEFF, E R 2200 MUSEUM TOWER 62 Street 150 WEST FLAGLER STREET 83 MIAMI FL 33130 **B4** 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 objection 607.050 Florida Statutes. ANGEL HERNANDEZ SIGNATURE egistered Agent signature required E. - PRESIDENT 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D DELLETE THILE 1.1 TITLE Change Addition PEREZ. JORGE M NAME 1.2 NAME 2828 CORAL WAY PENTHOUSE SUITE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33145** CITY-ST-7/P 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition Hammon, Michael 2828 Coral Wax., NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7/F 2. 4 CITY - ST- ZIP Change TITLE DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7/P 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 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 addies.