PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # **P97000006735**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90014 027 ***150.00

DORAR REALTY, INC. Mailing Address Principal Place of Business 7281 CORAL WAY 7281 CORAL WAY **MIAMI FL 33155 MIAMI FL 33155** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/17/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0736686 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent valdęs, raymond Street Address (P.O. Box Number is Not Acceptable) 7281 CORÁL WAY MIAM! FL 33155 83 Zip Code 84 City 11. Pursuant to the provisions of Section's 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 abbligations of, Section 607,0505, Florida Statutes. uis Moic SIGNATURE. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ERS AND DIRECTORS 13. 12. □ DELETE Change ☐ Addition 1.1 TITLE TITI F4 MUSE, JOSE L 1.2 NAME NAME 7281 CORAL WAY 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

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 conjugation or the receiver or present as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an ettachine with an address, with all other like empowered.

SIGNATURE

GNATURE NO TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

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