


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

FILED  
Jun 01 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998                          |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
| DOCUMENT # P97000037308 (8)<br>1. Corporation Name<br>DUMAS CORP., INC. |   |  |



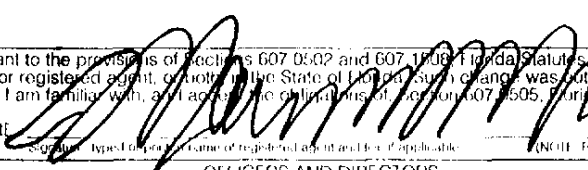
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|--|--|
| Principal Place of Business<br>6464 NORTH MIAMI AVENUE<br>MIAMI FL 33150 | Mailing Address<br>6464 NORTH MIAMI AVENUE<br>MIAMI FL 33150 |
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DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 7010 N.E. 4 <sup>TH</sup> COURT<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 MIAMI, FLORIDA<br>Zip<br>24 33138 |  | 2a. Mailing Address<br>26 7010 N.E. 4 <sup>TH</sup> COURT<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 MIAMI, FLORIDA<br>Zip<br>29 33138 |  | 3. Date Incorporated or Qualified<br>04/24/1997   |  |
|   |  |  |  | 4. FEI Number<br>65-0752176   |  |
|   |  |  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |  |
|   |  |  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
|   |  |  |  | 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br>FISHER, MARSHALL B<br>SUITE 300, 9655 SOUTH DIXIE HIGHWAY<br>MIAMI FL 33150 |  | 10. Name and Address of New Registered Agent<br>81 Name MARYSE JUSTIN<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>6464 N. MIAMI AVENUE<br>83<br>84 City MIAMI FL 85 Zip Code 33150 |  |
|--|--|--|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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 I agree to the official duties, Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------|---|--|
| TITLE                      | PD                    | 1.1 TITLE   |  |
| NAME                       | GAUTHER, MARC         | 1.2 NAME  |  |
| STREET ADDRESS             | 5815 S.W. 146TH COURT | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33183        | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD                    | 2.1 TITLE   |  |
| NAME                       | GAUTHIER, MICHELLE    | 2.2 NAME  |  |
| STREET ADDRESS             | 5815 S.W. 146TH COURT | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33183        | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                    | 3.1 TITLE   |  |
| NAME                       | JUSTIN, ERIC          | 3.2 NAME  |  |
| STREET ADDRESS             | 100 N.E. 207TH STREET | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33179        | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD                    | 4.1 TITLE   |  |
| NAME                       | JUSTIN, MARYSE        | 4.2 NAME  |  |
| STREET ADDRESS             | 100 N.E. 207TH STREET | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33179        | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                    | 5.1 TITLE   |  |
| NAME                       | TABUTEAU, JEAN CLAUDE | 5.2 NAME  |  |
| STREET ADDRESS             | 7023 LAKE ISLAND      | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LAKE WORTH FL         | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                    | 6.1 TITLE   |  |
| NAME                       | TABUTEAU, FINETTE     | 6.2 NAME  |  |
| STREET ADDRESS             | 7023 LAKE ISLAND      | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LAKE WORTH FL         | 6.4 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 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.

SIGNATURE:  DATE: 4/17/98

CR2E034 (10/97)