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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # P97000074392



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90247 011 ***150.00

Corporation	on Name									
'	DOMINICOM USA, I	NC.								
•							~ 2i0775	- 90247 - 11		
						İ				
Principal Plac	ce of Business	Mailing Address	;							
701 Bri	ckell Avenue	701 Brickel	1 Aven	uie		-				
Suite 3	-	Suite 3000					•			
				33131			DO NOT WRITE IN THIS SPACE			
PLEARLY,	1101148 33131	rizami, rioi	.Iua J	3131		i	Date Incorporated or Qualife8/27/97	d		
	 						···			
 7	Place of Business	2a. Mailing Add	ess			ĺ	4, FEI Number	,		Applied For
Suite, Apt.	# ata	26 Suite Ant #					65-0777241			Not Applicable
	#, etc.	Suite, Apt. #	, etc.			ĺ	5. Certifcate of Status Desired			5 Additional
City & Stat	te .	27 City & State								Required
23		— ·				ĺ	6. Election Campaign Financing	, 🗆		May Be
Zip	Country	28		Country			Trust Fund Contribution		$\overline{}$	ed to Fees
24	25	29	30	¬ '		}	8. This corporation owes the cu Personal Property Tax.	rrent year in	angible:≃ ☐ Yes	□No
=:	9. Name and Address of Curr		100	1			10. Name and Address of New	Registered		
INTRAST	ATE REGISTERED AGE)N	81	Name			regiotorea	regont	
	CKELL AVENUE									
SUITE 3				82	Street	Addres	s (P.O. Box Number is Not Accep	table)]
	FLORIDA 33131			83						
MIAMI,	LIOKIDA 33131									
				84	City			FL	85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508. Flori	da Statutes.	the above	-named	corpora	ation submits this statement for the	e purpose of	changing	its registered
office or n	egistered agent, or both, in the Stat im familiar with, and accept the oblic	ie of Fiorida. Such chan	ge was auth	orized by	the corpo	oration's	s board of directors. I hereby acce	opt the appoi	ntment as	registered
-	and accept the opin	Janons Or, Section 607.	J5U5, FIORIDA	a Statutes.	•		•			
SIGNATURE						required w	nen reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered as					required w	nen reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AN	ID DIREC	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable.		gistered Agen			ADDITIONS/CHANGES TO O		ID DIREC	
SIGNATURE	Signature, typed or printed name of registered at OFFICERS AT PASS MOYA SABA, RAFA	gent and title if applicable. AND DIRECTORS DIAEL	(NOTE: Re	gistered Agen		BES	ADDITIONS/CHANGES TO O MOYA SABA, RAFAEL	FFICERS AN	K Chang	e Addition
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS AT PTSD DE MOYA SABA, RAFA EDIF. PLAZA CRISTA	gent and title if applicable. AND DIRECTORS DIAEL	(NOTE: Re	13.	t signature F	PTSI DE I	ADDITIONS/CHANGES TO O MOYA SABA, RAFAEL F. PLAZA CRISTAL,	FFICERS AN	K Chang	e Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS AT DE MOYA SABA, RAFA EDIF. PLAZA CRISTA SANTAGO, DO	gent and title if applicable. NDD DIRECTORS AEL AL, CALLE DEI	(NOTE: Re	13. 1.1 TITLE 1.2 NAME D 1.3 STREET	t signature n	PTSI DE I	ADDITIONS/CHANGES TO O MOYA SABA, RAFAEL F. PLAZA CRISTAL,	FFICERS AN	K Chang	e Addition
SIGNATURE 12. TITLE NAME SIREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS AT PTSD DE MOYA SABA, RAFA EDIF. PLAZA CRISTA SANTAGO, DO	gent and title if applicable. NDD DIRECTORS AEL AL, CALLE DEI	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature n	PTSI DE I	ADDITIONS/CHANGES TO O MOYA SABA, RAFAEL F. PLAZA CRISTAL,	FFICERS AN	K]Chang DEL SC	e Addition
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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, with all other like empowered.

SIGNATURE:

G FFICER OR DIRECTOR SIGNATURE AND TYPED