## - FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Kathering Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90091 020 \*\*\*150.00

DOCUMENT # P97000074730	D	OCI	<b>JMEN</b>	IT#	P97000074730
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1. Corporation Name

DOMINICOM TRADING, INC.

	•	•									
Principal Pla	ce of Business	Mailing Address	·				,				
701 BRICKELL AVENUE 701 BRICKELL AVE											
SUITE 3000 SUITE 3000											
							DO NOT WRITE	E IN THIS	SPACE		
MIAMI, FLORIDA 33131 MIAMI, FLORIDA							3. Date Incorporated or Qualifed 8/28/97				
	Place of Business	2a. Mailing Addres	s				4. FEI Number		TA	pplied For	
21		26					65-0782671		□ N	lot Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, e	tc.				5. Certifcate of Status Desired			Additional	
City & Sta	do .	27							Fee R	lequired	
<del></del>	tte	City & State				-	6. Election Campaign Financing			May Be	
Zìp	Country			Country			Trust Fund Contribution			to Fees	
24	25	29	30				8. This corporation owes the currer			[] <sub>M</sub> _	
24	9. Name and Address of Curre	<u>                                   </u>	30				Personal Property Tax.  10. Name and Address of New Re		Yes	□No	
TNTDAG	STATE REGISTERED AGE			81	Name		To. Hame and Address of New Ne	gistered A	:Reur		
_	RICKELL AVENUE	INI COM OMITO	IN								
ľ				82	Stree	t Addres	s (P.O. Box Number is Not Acceptable	le)			
SUITE				83							
MIAMI,	FLORIDA 33131			(")							
Ì				84	City	-		FI	85 Zip	Code	
11 Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Elorida	Statutas t	ho above		<u>'.</u>	ation submits this statement for the pu		1 1		
office or	registered agent, or both, in the Stat	e of Florida. Such change	was autho	rized by t	the corp	poration'	s board of directors. I hereby accept t	urpose or c the appoin	manging its tment as re	i registerea agistered	
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.050	05, Florida	Statutes.						ū	
SIGNATURE	Signature, typed or printed name of registered as	and and the district	MATE: D.		-1						
12.		AND DIRECTORS	(NOTE: Regi	13.	signature	required w	hen reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECT	3DS IN 12	
TITLE	PTSD	□ DELE	TE	1.1 TITLE			ADDITIONS/CHANGES TO OFF	OLINO AINL	Change	Addition	
NAME	DE MOYA SABA, RAFA			1.2 NAME					on ango		
STREET ADDRESS				1.3 STREET	*UUDESS	,					
CITY-ST-ZIP	DDII. FERDA CKISTA	TH, CALLE DEL	30M TP	1.4 CITY-ST		1					
TITLE	SANTIAGO, DO	☐ DELE		21 TITLE	- <u>ZIP</u>	<del> </del>			Change	Addition	
NAME	AS			2.2 NAME					change		
STREET ADDRESS	HAGEN, STEVEN H.			2.3 STREET.	*DDDEcc	.}	•	•			
CMY-ST-ZIP	OI BRICKELL AVENO	· .	1	2.3 STREET. 2. 4 CITY-ST		^   ~   ~ ·	and the second s		نـــ		
TITLE	<del>MIAMI, FLORIDA 3</del> 3	3131 □ DELE		2. 4 CITY- 51 3.1 TITLE	- ZIP				Change	□ Addition	
NAME				3.2 NAME		GM			☐ Citalige	X Addition	
STREET ADDRESS			1		ADDDECC		ZALEZ, SUSIE				
CITY-ST-ZIP				33 STREET		701	BRICKELL AVENUE, ST	re. 30	00		
TITLE		DELE		3.4. CITY-ST 4.1 TITLE	-211	MIA	MI, FLORIDA 33131 -		Change	☐ Addition	
NAME		رے کادرار		4.1 IIICE 4 2 NAME					□ change	L_ Addition	
STREET ADDRESS			- 1	4.3 STREET		'	•				
CITY-ST-ZIP TITLE		□ DELE		4.4 CITY-ST	ZIP	<del> </del>		_	[] Ch	CT & Cities	
NAME				5.1 TITLE 5.2 NAME					Change	Addition	
					•000555						
STREET ADDRESS				5.3 STREET		'	-				
CITY-ST-ZIP		- Dome		5.4 CITY-ST- 6 1 TITLE	-ZIP	₩-					
TITLE		☐ DELE	1						Change	Addition I	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET							
CITY-ST-ZIP			1 (	6.4 CITY-ST-	ZIP	1				İ	

14. Thereby 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 any address, with all other like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR