

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:50

DOCUMENT # S21500

(1)

1. Corporation Name

DORALCO NO. 2, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
4803 ELBERT PL STE. 112 KISSIMMEE FL 34758 US		4803 ELBERT PL STE. #112 KISSIMMEE FL 34758 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Country	
24		30	
3. Date Incorporated or Qualified		3a. Date of Last Report	
12/27/1990		05/01/1994	
4. FEI Number		Applied For	
59-3057285		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
☐		☐	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
☐		☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

SMITH, NORMAN J. ESQ.
1201 W. EMMETT STREET
KISSIMMEE FL 34759

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	ABULAFIA, VICTOR	1.2 NAME	
STREET ADDRESS	4803 ELBERT PL	1.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	ABULAFIA, ELIYAHU	2.2 NAME	
STREET ADDRESS	4803 ELBERT PL	2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	2.4 CITY - ST - ZIP	
TITLE	DVS	3.1 TITLE	☐ Change ☐ Addition
NAME	YOSCHPE, JAIME	3.2 NAME	
STREET ADDRESS	4803 ELBERT PL	3.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	3.4 CITY - ST - ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, AMOS	4.2 NAME	
STREET ADDRESS	4803 ELBERT PL	4.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report or both in accordance with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Amos Rosenthal

1-13-95

(407) 933-8989