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FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S21500

(1)

1. Corporation Name

DORALCO NO. 2, INC.

Principal Place of Business

4803 ELBERT PL  
STE. 112  
KISSIMMEE FL 34758  
US

Mailing Address

4803 ELBERT PL  
STE. #112  
KISSIMMEE FL 34758-2807  
US



3. Date Incorporated or Qualified  
12/27/1990

3a. Date of Last Report  
03/26/1996

2. Principal Place of Business

21 4801 Elbert Place

Suite, Apt. #, etc.

22 none

City & State

23 Kissimmee, FL

Zip

24 34758

Country

25 USA

2a. Mailing Address

26 4800 Elbert Place

Suite, Apt. #, etc.

27 none

City & State

28 Kissimmee, FL

Zip

29 34758

Country

30 USA

4. FEI Number

59-3057285

Applied For

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 34741

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME ABULAFIA, VICTOR

STREET ADDRESS 4800 ELBERT PL

CITY-ST-ZIP KISSIMMEE FL

TITLE DV ☐ DELETE

NAME ABULAFIA, ELIAHU

STREET ADDRESS 4800 ELBERT PL

CITY-ST-ZIP KISSIMMEE FL

TITLE DVS ☐ DELETE

NAME YOSCHPE, JAIME

STREET ADDRESS 4800 ELBERT PL

CITY-ST-ZIP KISSIMMEE FL

TITLE DV ☐ DELETE

NAME ROSENTHAL, AMOS

STREET ADDRESS 4800 ELBERT PL

CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE VICTOR ABULAFIA

4/18/97

407/846-0550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)