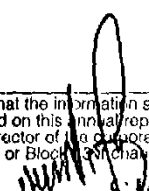


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 # S21527 (4)			
1. Corporation Name DORALCO NO. 1, INC.			
Principal Place of Business 4803 ELBERT PLACE KISSIMMEE FL 34758 US		Mailing Address 4803 ELBERT PLACE KISSIMMEE FL 34758-2807 US	
2. Principal Place of Business 21 4801 Elbert Place Suite, Apt. #, etc.		2a. Mailing Address 26 4800 Elbert Place Suite, Apt. #, etc.	
22 City & State 23 Kissimmee, FL Zip Country 24 34758 25 USA		27 City & State 28 Kissimmee, FL Zip Country 29 34758 30 USA	
3. Date Incorporated or Qualified 12/27/1990		3a. Date of Last Report 03/26/1996	
4. FEI Number 59-3057293		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 34759		10. Name and Address of New Registered Agent 81 Name same 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34741	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DPT	☐ DELETE	
NAME	ABULAFIA, VICTOR		
STREET ADDRESS	4800 ELBERT PLACE		
CITY-ST-ZIP	KISSIMMEE FL		
TITLE	DV	☐ DELETE	
NAME	ABULAFIA, ELIYAHU		
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 PLACE		
CITY-ST-ZIP	KISSIMMEE FL		
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			
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, unchanged, or on an attachment with an address.			
SIGNATURE: 		SIGNATURE: Victor Abulafia	
4/18/97		407/846-0550	

CR2E034 (9/96)