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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # \$21527** 

(4)

## **FILED** Apr 01 1998 8:00am Secretary of State

1. Corporation DORAL	CO NO. 1, INC.	.,			
Principal Place of Business 4801 ELBERT PLACE KISSIMMEE FL 34759 US		Mailing Address 4800 ELBERT PLACE KISSIMMEE FL 34758 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 12/27/1990	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3057293	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
<b>23</b> Zip	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation owes or has paid the	Added to Fees
24	25	29 3	_ ·	Personal Property Tax due June 30.	Yes No
=11	9. Name and Address of Cur			10. Name and Address of New Register	ad Agent
SMITH, NORMAN J. ESQ. 81 Name					
1201 W. EMMETT STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
KISSIMMEE FL 34741			83		
			84 City		85 Zip Code
11. Pursuant office or ragent. La	m tamiliar with, and accept the of	hligations of, Section 607,0505, Florid	da Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	
	Signature, typed or printed name of registered	againt and tale if applicable (NOTE: F AND DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	
12.	DPT	DELETE	1.1 TITLE	TIDDITION OF THE COLUMN TO SERVICE OF THE	Change Addition
NAME	ABULAFIA, VICTOR		1.2 NAME		
STREET ADDRESS	4800 ELBERT PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL.	T octar	1.4 CITY-ST-ZIP		Change Addition
TITLE NAME	ABULAFIA, ELIYAHU	☐ DELETE	2.1 TITLE 2.2 NAME		C claride C voorion
STREET ADDRESS	4800 ELBERT PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		2. 4 CITY-ST-ZIP		
TITLE	DVS	DELETE	3.1 TITLE		Change Addition
NAME	YOSCHPE, JAIME		3.2 NAME		
STREET ADDRESS	4800 ELBERT PL KISSIMMEE FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DV	DELETE	3.4. CITY-ST-ZiP 4.1 TITLE		Change Addition
NAME	ROSENTHAL, AMOS		4. 2 NAME		
STREET ADDRESS	4800 ELBERT PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY - ST - ZIP		
TITLE		☐ DELĒTĒ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	·		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	6.1 TITLE		Change Addition
NAME		<del></del>	6.2 NAME		
STREET ADDRESS		$\wedge$	6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby	certify that the information supplie	d with this filling does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information

officer or director of the corporation or the receiver or tr Block 12 or Block 13 if changed, or on an attachment powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in