

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90121 016 \*\*\*150.00

05/01/94

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S21530**

1. Corporation Name  
**DORALCO NO. 3, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4801 ELBERT PLACE**  
**KISSIMMEE FL 34758**  
**US**

Mailing Address  
**4800 ELBERT PLACE**  
**KISSIMMEE FL 34758**  
**US**

3. Date Incorporated or Qualified  
**12/27/1990**

4. FEI Number  
**59-3057278**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 [ ]  
 Suite, Apt. #, etc.  
 22 [ ]  
 City & State  
 23 [ ]  
 Zip Country  
 24 [ ] 25 [ ]

2a. Mailing Address  
 26 [ ]  
 Suite, Apt. #, etc.  
 27 [ ]  
 City & State  
 28 [ ]  
 Zip Country  
 29 [ ] 30 [ ]

**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	<input type="checkbox"/> DELETE
NAME	ABULAFIA, VICTOR	
STREET ADDRESS	4800 ELBERT PL	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ABULAFIA, ELIYAHU	
STREET ADDRESS	4800 ELBERT PLACE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	YOSCHPE, JAIME	
STREET ADDRESS	4800 ELBERT PLACE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, AMOS	
STREET ADDRESS	4800 ELBERT PLACE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: X** *Victor Abulafia* **Victor Abulafia** **2/28/99** **407/846-0550**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)