SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$70879

(9)

FILED Aug 09 1996 8:00 am Secretary of State

DORAL CARE, INC.							
Principal Place of Bus	siness	Mailing Add	ress				i itti didii didii didii didi; albii didii laaf
1111 SW 8TH ST SUITE 201 MIAMI FL 33130		Suite 201	1111 SW BTH ST Suite 201 Miami Fl 33130			3. Date incorporated or Qualified 3a. Date of Last Report 08/05/1991 08/24/1995	
- Driverings Bloom of	Rusinoss	2a. Mailing	Address			4. FE! Number	Applied For
2. Principal Place of I	pusitiess	26				65-0287559	Not Applicable
Suite, Apt. #, etc		Suite, A	pt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
2		27	toto			6. Election Campaign Financing	<b>\$5.00</b> May Be
City & State		City & S	iate			Trust Fund Contribution	Added to Fees
Z <sub>i</sub> p	Country	Zip		Cou	ntry	This corporation has liability for	
4	25	29		30	r	Florida Statules	Yes No
9. 1	Name and Address of Curre	nt Registered Ag	ent		81 Name	10. Name and Address of New F	registered Agent
ACEVEC	DO, PEDRO E.						
	W 8TH ST				82 Street Add	fress (P.O. Box Number is Not Accept	anie)
SUITE 2					83		
MIAMI F	FL 33130				84 City		85 Zip Code
					'	poration submits this statement for the	FL   "
		g				poration submits this statement for the tion's board of directors. I hereby acce	
SIGNATURE Stynaru	ire ityped or priched name of registered as	gent and title if applicable		DIE Registero	rd Agent signature requ	ured when reinstating)	DALE
SIGNATURE	ire ityped or priched name of registered as				rd Agent signature requ	ured when reinstating)	
SIGNATURE	ire ityped or priched name of registered as	gent and title if applicable	: (N	OTE Brigistero	rd Agent signature requ	ured when reinstating)	0416 FICERS AND DIRECTORS IN 12
SIGNATURE Signar #  12.  IITLE P NAME A	use typed or proted harve of registered at OFFICERS At	gent and title if applicable	: (N	13. 11 II 12 N 13 S	of Agent signature reasing the signature reasing reasing reasing reasing reasing reasing	ured when reinstating)	0416 FICERS AND DIRECTORS IN 12
SIGNATURE   SIGNAT W   12.	OFFICERS AT ACEVEDO, PEDRO	gent and title if applicable	DELETE	13. 11 IV 12 N 13 S 14 C	of Agent signature reasing the signature reasing reasing the signature reasing reasing r	ured when reinstating)	0416 FICERS AND DIRECTORS IN 12
SIGNATURE  STIPMENT  STREET ADDRESS  CITY-ST-ZIP  NOTE  STREET ADDRESS  TITLE	OFFICERS A  OFFICERS A  ACEVEDO, PEDRO  114 SW 134 COURT	gent and title if applicable	: (N	11 TU 12 N 13 S 14 C 21 T	et Agent signalium reno vitle IAME ITREET ADDRESS CITY - ST - ZIP	ured when reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addition
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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 1 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 617. Florida Stututes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/96 (305)858-825