

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90081 043 ***150.00

DOCUMENT # S91751

1. Corporation Name
DORAL MEADOWS, INC.



Principal Place of Business

13727 SW 152 ST.
SUITE 325
MIAMI FL 33177
US

Mailing Address

13727 SW 152 ST
SUITE 325
MIAMI FL 33177
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1991

4. FEI Number

65-0424076

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 90 MARTIN E PONS
Suite, Apt. #, etc.
22 9370 SUNSET DR #A-100

23 MIAMI, FL
City & State

24 33173 25 Country

2a. Mailing Address

26 90 MARTIN E PONS
Suite, Apt. #, etc.
27 9370 SUNSET DR #A-100

28 MIAMI, FL
City & State

29 33173 30 Country

9. Name and Address of Current Registered Agent

PONS, MARTIN E.
9370 SUNSET DR
SUITE D1W
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name MARTIN E PONS

82 Street Address (P.O. Box Number is Not Acceptable)
9370 SUNSET DRIVE #A-100

83

84 City MIAMI

FL

85 Zip Code 33173

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.

MARTIN E PONS

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PONS, MARTIN E.
STREET ADDRESS 13727 SW 152 ST #325
CITY-ST-ZIP MIAMI 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

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 9370 SUNSET DR #A-100
1.4 CITY-ST-ZIP MIAMI, FL 33173

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 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:

MARTIN E PONS

Date

Daytime Phone #

4/16/99 305-275 772

CR2E034(11/98)

0256022