## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

## **FILED** AMOUNT DUE ON OR BEFORE 9/17/8/7: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Aug 22 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (5)DOMINGO AND BROTHERS ENTERPRISE, INC. Principal Place of Business Mailing Address 215 W. 60TH STREET 215 W 60TH STREET HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report <u>03/11/1992</u> 02/19/1996 2. Principal Place of Business Mailing Address Applied For 2a. 21 26 65-0320387 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip Country Country Zip 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo JIMENEZ, DOMINGO 215 W. 60TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33012 83 Zip Code 84 City 85 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE JIMENEZ, DOMINGO NAME 1.2 NAME CR2E034 215 W. 60TH STREET STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE Change Addition TITLE 2.1 TITLE JIMENEZ, GABRIEL NAME 2.2 NAME 14480 S.W. 111 STREET STREET ADDRESS 2.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE JIMENEZ, JULIAN NAME 3.2 NAME 19020 N.W. 44TH COURT STREET ADDRESS 3.3 STREET ADDRESS CAROL CITY FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME

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attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with thil. filling 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 accurage 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

STREET ADDRESS

I am an officer or director of the corporation appears in Block 12 or Block 13 if changed

CITY-ST-ZIP