

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41197

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC6063763177**

**Entity Name:** THE DORAL COMMON CORPORATION

**Current Principal Place of Business:**

C/O DORALMANAGEMENT  
10705 NW 33RD STREET, SUITE 100  
DORAL, FL 33172

**Current Mailing Address:**

C/O DORALMANAGEMENT  
10705 NW 33RD STREET, SUITE 100  
DORAL, FL 33172

**FEI Number:** 65-0234522

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DORAL MANAGEMENT  
10705 NW 33RD STREET,  
SUITE 100  
DORAL, FL 33172 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SPANGARO, NORBERTO  
Address        10705 NW 33 STREET SUITE 100  
City-State-Zip: DORAL FL 33172

Title           VICE TREASURER  
Name           LEAO, SERGIO  
Address        10705 NW 33 STREET SUITE 100  
City-State-Zip: DORAL FL 33172

Title           VP  
Name           DE JAHAM, LAURENT  
Address        10705 NW 33 STREET SUITE 100  
City-State-Zip: DORAL FL 33172

Title           PRESIDENT  
Name           JONES, JESSE  
Address        10705 NW 33 STREET SUITE 100  
City-State-Zip: DORAL FL 33172

Title           SECRETARY  
Name           RUSSO, MARIO  
Address        10705 NW 33 STREET SUITE 100  
City-State-Zip: DORAL FL 33172

Title           PRO SECRETARY  
Name           FERNANDEZ, ALFONSO  
Address        10705 NW 33 STREET SUITE 100  
City-State-Zip: DORAL FL 33172

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JESSE JONES

**PRESIDENT**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date