2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41197

Entity Name: THE DORAL COMMON CORPORATION

Current Principal Place of Business:

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

Current Mailing Address:

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

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name LEDEZMA, HUGO Name HERRERA, LEO

C/O DORAL MANAGEMENT Address Address C/O DORAL MANAGEMENT

10705 NW 33RD STREET SUITE 100 10705 NW 33RD STREET SUITE 100

City-State-Zip: City-State-Zip: DORAL FL 33172 DORAL FL 33172

Title **TREASURER** Title ASST. TREASURER Name JONES, JESSE Name WEISBURD, SCOTT

Address C/O DORAL MANAGEMENT Address C/O DORAL MANAGEMENT

10705 NW 33RD STREET SUITE 100 10705 NW 33RD STREET SUITE 100

City-State-Zip: DORAL FL 33172 City-State-Zip: DORAL FL 33172

Title **SECRETARY** Title ASST. SECRETARY CASTRO, NICEFORO EDUARDO ROTOLO, ALBERTO Name Name

Address C/O DORAL MANAGEMENT Address C/O DORAL MANAGEMENT

10705 NW 33RD STREET SUITE 100 10705 NW 33RD STREET SUITE 100

City-State-Zip: DORAL FL 33172 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: HUGO LEDEZMA **PRESIDENT** 03/08/2019

FILED Mar 08, 2019

Secretary of State

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