			, 1998 or I ATE FEE.	Limited	d Liability	Com	pany will b		Fri g	1 4 15	
LIMITED				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			SECRETARY OF STATE DIVISION OF CORPORATIONS				
,	8		a Lind	DIVISION OF CORPORATIONS			98 MAR 16 PM 1:50				
FILING FE \$ 188.75	EE Ann	ual Repo	ort \$100.00 4	\$88.75	Corporation	Sup TMFN	olemental Fee	1			
1. Name and		dress						1			
19400000412								1a. Principal Place of Business Address			
D.G. AGENCY, L.C. 8410 N.W. 53RD TERRACE, SUITE 218 MIAMI FL 33166								8410 N.W. 53RD TERRACE, SUIT MIAMI FL 33166			
2. Principal Place of Business 2a. Mail					ing Address			Date Organized or Qualified Sa. State of Formation			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				08/17/1994 FI. 4. FEI Number Applied For			
City & State City &					k State				0521907		Not Applicable
Zip	Country			Zip Country			ry	5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required			
7. Name and Address of Current Registered					Agent 8.			05/01/1997 Name and Address of New Registered Agent/Office			
DEL RIEGO, EDUARDO 8410 N.W. 53RD TERRACE, SUIT MIAMI FL 33166					Street Address (F			P.O. Box Number is Not Acceptable)			
					City					FL	Zip Code
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.											
SIGNATURE											
10. Title	Managing Members/Managers			Business Street Address					City	, State and Zip Code	
MGRM R	ROVIROSA, RICHARD				125 N.:	E. 9	OTH ST.		MIA	MI	FL
MGRM D	EL RI	EGO,	EDUARDO		3351 S	.W.	110TH C	OURT	MIA	MI	FL
MGRM D	AGRM DEL RIEGO, ENRIQUE				66 VALENCIA			*	COR	AL	GABLES FL
											4598623 2/9801080002 23.75 ****223.75
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11. Ido hereby certify that the information supplied with this 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. RICHARD RUVIRUSA MANAGING MEMBER 3/11/98 305-470-9697

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER