

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060158

1. Entity Name

D C N, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-27-2000 90087 047 ***150.00

Principal Place of Business 14075 NW 27 AVENUE MIAMI FL 33054	Mailing Address 14075 NW 27 AVENUE MIAMI FL 33054-3654
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0933493	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent FERNANDEZ, CARLOS 14075 NW 27 AVENUE MIAMI FL 33054	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: Carlos Fernandez STREET ADDRESS: 14075 N.W. 27th Avenue CITY-ST-ZIP: Miami, FL 33054	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Fernandez DATE: 1-20-2000 (305) 688-4600

CR2E034 (9/99)