FILE NOW: FILING FEE AFTER MAY 1ST 18550.00

FLORIDA DEPARTINT OF STATE

PROFIT

SIGNATURE: ...

Jan 16 1998 8:00am CORPORATION Sandra B. Irtham Secretary of State ANNUAL REPORT Secretary State 1998 DIVISION OF CODRATIONS DOCUMENT #

1. Corporation Name S92866 (0)DINGLE BELL, INC. Principal Place of Business Mailing Address 1378 CORAL WAY 4TH FL P.O. BOX 453905 MIAMI FL 33145 MIAMI FL 33245 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1991 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 21 26 65-0293689 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζφ Cuntry 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 OROZCO, OSVALDO R ESQ Name 1378 CORAL WAY, 4TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33145 83 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authorities agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. bove named corporation submits this statement for the purpose of changing its registered d by the corporation's board of directors. I hereby accept the appointment as registered Signature, typod or printed name of registered agent and title if applicable od Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change THE President PITA, JUAN C NAME OROZCO NAME OSVALDO R. **CR2E034** STREET ADDRESS 1378 CORAL WAY 4TH FL I STREET ADDRESS 1378 coral Way MIAMI FL 33145 MIAMI PLORIDA 33145 CITY-ST-7(P 4 CITY - ST - ZIP TITLE DELETE Change Addition TITLE NAME NAME STREET ADDRESS I STREET ADDRESS CITY-\$1-ZIP 4 CITY - ST - ZIP TITLE DELETE Addition 1 TITLE Change NAME # NAME STREET ADDRESS 3 STREET ADDRESS CITY-ST-ZIP 4. CITY+ST-ZIP TITLE DELETE 1 1111 E Change Addition NAME -2 NAME STREET ADDRESS A STREET ADDRESS CITY-ST-ZIP 4 CITY-ST-ZIP TITLE DELETE LTITLE Change Addition NAME ⊋ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP A CITY-ST-ZIP TITLE DELETE Change Addition e mile NAME 63 NAME STREET ADDRESS 63 STREET ADDRESS 14. I hereby certify that the information supplied with this filing does not call 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 upon is affund accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or must be entirely word to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

1-6-98 305-856 3733