FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **442275** **(4)**

1. Corporation Name

DUGENT PUBLISHING CORP.

Principal Place of Business	Mailing Address
2600 DOUGLAS RD SUITE 600 CORAL GABLES FL 33134	2600 DOUGLAS RD SUITE 600 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 12/27/1973

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 14411 COMMERCE WAY
Suite, Apt. #, etc.
22: #420
City & State
23: MIAMI LAKES FL
Zip
24: 33016
Country
25: DADE

2a. Mailing Address
26: ← SAME
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 13-2596709 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGRAM, RONALD L., P.A.
12685 S. DIXIE HWY.
MIAMI FL 33156-5931

10. Name and Address of New Registered Agent

81 Name: NYE WILLDEN
82 Street Address (P.O. Box Number is Not Acceptable): 736 NE 72 ST
83: MIAMI FL
84 City: MIAMI FL 85 Zip Code: 33138

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] NYE WILLDEN 3-4-96
(Signature required when changing registered agent) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEIDENBAUM, WALTER		1.2 NAME		
STREET ADDRESS	7623 CINEBAR DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL. 0		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLDEN, NYE		2.2 NAME		
STREET ADDRESS	736 NE 72ND ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEIDENBAUM, SHARI		3.2 NAME		
STREET ADDRESS	7623 CINEBAR DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FIALKOW, MILTON		4.2 NAME		
STREET ADDRESS	50 VALLEY GREENS DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. WOODMERE NY		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or supplemental annual 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 12 or Block 13 if changed, added, or deleted, or on an attachment with an address.

SIGNATURE: [signature] WALTER WEIDENBAUM 3-4-96 305/557-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #