FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL -7 AM 9:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K70189 (1)

1. Corporation Name
DRAGON, INC.

Principal Place of Business	Mailing Address
C/O JOHN H. FRIEDHOFF 175 NW 1 AVE 11TH FLOOR MIAMI FL 33128	C/O JOHN H. FRIEDHOFF 175 NW 1 AVE 11TH FLOOR MIAMI FL 33128

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 100 SE Second St	26 100 SE Second St
22 Suite, Apt. #, etc. 17 Floor	27 Suite, Apt. #, etc. 17 Floor
23 City & State Miami, FL	28 City & State Miami, FL
24 Zip 33131-1101 25 Country USA	29 Zip 33131-1101 30 Country USA

4. FEI Number: 65-0188306 ☐ 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

FRIEDHOFF, JOHN H.
175 NW 1ST AVE
11 FLOOR
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name: John H. Friedhoff
82 Street Address (P.O. Box Number is Not Acceptable): 100 SE Second St
83: 17 Floor
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ 7/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DSV	1.1 TITLE		☐ Change ☐ Addition
NAME	BOLLINGER, I.	1.2 NAME		
STREET ADDRESS	175 NW 1 AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	DPT	2.1 TITLE		☐ Change ☐ Addition
NAME	BOLLINGER, H.	2.2 NAME		
STREET ADDRESS	175 NW 1 AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDHOFF, J.	3.2 NAME		
STREET ADDRESS	175 NW 1ST AVE 11 FLOOR	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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, or on an attachment with an address.

SIGNATURE: X Luis Fde Bollinger 30-5-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0206997 CP