

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 # L42472 (5)
1. Corporation Name
DGLN, INC.



Principal Place of Business: **% NELSON SLOSBERGAS
520 BRICKELL KEY DRIVE, SUITE 305
MIAMI FL 33131**

Mailing Address: **C/O FREEMAN, NEWMAN, & BUTTERMAN
520 BRICKELL KEY DR. STE 305
MIAMI FL 33131
US**

3. Date Incorporated or Qualified: **01/16/1990**
3a. Date of Last Report: **03/23/1995**

Number: **65-0227465**
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

2. Principal Place of Business
21. **501 Brickell Key Drive**
22. Suite, Apt. #, etc. **Suite 400**
23. City & State **Miami, Florida**
24. Zip **33131**
25. Country **U.S.A.**

2a. City of **SLOSBERGAS & FERNANDEZ**
26. **501 Brickell Key Drive**
27. Suite, Apt. #, etc. **Suite 400**
28. City & State **Miami, Florida**
29. Zip **33131**
30. Country **U.S.A.**

9. Name and Address of Current Registered Agent
**SLOSBERGAS, NELSON
520 BRICKELL KEY DRIVE
SUITE 305
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81. Name **SLOSBERGAS, NELSON**
82. Street Address (P.O. Box Number is Not Acceptable) **501 Brickell Key Drive**
83. **Suite 400**
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: _____ (Signature, typed or printed name of registered agent and filer if applicable) DATE: _____ (Date)

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	NEIVA, ALVARO S.	
STREET ADDRESS	520 BRICKELL KEY DR #305	
CITY- ST- ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEIVA, ALVARO S.	
1.3 STREET ADDRESS	501 Brickell Key Drive, Suite 400	
1.4 CITY- ST- ZIP	Miami, Florida 33131	
2.1 TITLE	DVPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NEIVA, VERA REGINA ARRUDA	
2.3 STREET ADDRESS	501 Brickell Key Drive, Suite 400	
2.4 CITY- ST- ZIP	Miami, Florida 33131	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 record 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 in an attachment to this address.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director) DATE: **3/30/96** (305) 374-0130

CR2E034 (12/95)