

05-04-2001 90166 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L42472

1. Entity Name

DGLN, INC.



Principal Place of Business

**501 BRICKELL KEY DRIVE
 SUITE 400
 MIAMI FL 33131
 US**

Mailing Address

**C/O SLOSBERGAS & FERNANDEZ
 501 BRICKELL KEY DRIVE SUITE 400
 MIAMI FL 33131
 US**

C0060369



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0227465**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLOSBERGAS, NELSON
 501 BRICKELL KEY DRIVE SUITE 400
 SUITE 305
 MIAMI FL 33131**

Name **NS corporate services Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Dr., Suite 400
 City **Miami** FL Zip Code **33131**

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	NEIVA, ALVARO S.	
STREET ADDRESS	501 BRICKELL KEY DRIVE SUITE 400	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	NEIVA, VERA REGINA AR	
STREET ADDRESS	501 BRICKELL KEY DRIVE SUITE 400	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)