

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L73834 (8)**
1. Corporation Name
DUGAL CORP.



Principal Place of Business
**123 N MIAMI AVE
STE 501
MIAMI FL 33132
US**

Mailing Address
**123 N MIAMI AVE
STE 501
MIAMI FL 33132
US**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
**PONIEMAN, DAVID
10175 COLLINS AVE #501
BAL HARBOUR FL 33154**

3. Date Incorporated or Qualified **05/17/1990** 3a. Date of Last Report **09/18/1995**

4. FEI Number **65-0209713** 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 alternative tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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, Sections 617.0502 and Florida Statutes.

SIGNATURE _____ OFFICERS AND DIRECTORS _____ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 _____

12. OFFICERS AND DIRECTORS

1. TITLE DELETED

2. NAME **D PONIEMAN, DAVID**

3. STREET ADDRESS **123 N MIAMI AVE #501**

4. CITY, ST, ZIP **MIAMI FL**

5. TITLE DELETED

6. NAME **P PONIEMAN, JUANA**

7. STREET ADDRESS **123 N MIAMI AVE #501**

8. CITY, ST, ZIP **MIAMI FL**

9. TITLE DELETED

10. NAME **D PONIEMAN, ANDRES**

11. STREET ADDRESS **123 N MIAMI AVE #501**

12. CITY, ST, ZIP **MIAMI FL**

13. TITLE DELETED

14. NAME _____

15. STREET ADDRESS _____

16. CITY, ST, ZIP _____

17. TITLE DELETED

18. NAME _____

19. STREET ADDRESS _____

20. CITY, ST, ZIP _____

21. TITLE DELETED

22. NAME _____

23. STREET ADDRESS _____

24. CITY, ST, ZIP _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME _____

3. STREET ADDRESS _____

4. CITY, ST, ZIP _____ Change Addition

5. TITLE _____

6. NAME _____

7. STREET ADDRESS _____

8. CITY, ST, ZIP _____ Change Addition

9. TITLE _____

10. NAME _____

11. STREET ADDRESS _____

12. CITY, ST, ZIP _____ Change Addition

13. TITLE _____

14. NAME _____

15. STREET ADDRESS _____

16. CITY, ST, ZIP _____ Change Addition

17. TITLE _____

18. NAME _____

19. STREET ADDRESS _____

20. CITY, ST, ZIP _____

14. I hereby certify that the information provided herein is voluntarily furnished and does not qualify for the exempt status under Section 119.071(3)(b), Florida Statutes. I further certify that the information included 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 this corporation or the stockholder empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or 13 of this document. I am a natural person with an address _____

SIGNATURE: *Andres Poniemán*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ANDRES PONIEMAN**

(305) 373-3012

CR2E034 (12/95)