

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M92351 (9)  
1. Corporation Name  
DAGREN, INC.

Principal Place of Business  
ONE HERALD PLAZA  
MIAMI FL 33132

Mailing Address  
C/O KRI TAX DEPARTMENT  
ONE HERALD PLAZA  
MIAMI FL 33132  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1988	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0106805	Applied For Not Applicable
22 City & State	23	27 City & State	28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

DOUGLAS C. HARRIS  
ONE HERALD PLAZA  
MIAMI FL 33132

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

FL

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 title if applicable

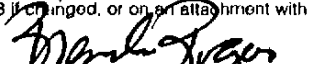
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTAINE, JOHN C.	1.2 NAME	
STREET ADDRESS	ONE HERALD PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, DOUGLAS C.	2.2 NAME	
STREET ADDRESS	ONE HERALD PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132	2.4 CITY-ST-ZIP	
TITLE	AT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRYOR, BRENDA ROGERS	3.2 NAME	
STREET ADDRESS	ONE HERALD PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connors, Mary Jean	4.2 NAME	
STREET ADDRESS	One Herald Plaza	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33132	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chapman, Alvah	5.2 NAME	
STREET ADDRESS	One Herald Plaza	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33132	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McComas, Frank	6.2 NAME	
STREET ADDRESS	One Herald Plaza	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33132	6.4 CITY-ST-ZIP	

14. 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 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:



Brenda Rogers Pryor

2/4/98

305-376-3958

CR2E034 (10/97)