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 # **P95000018904 (9)**

1. Corporation Name
PAGLO EXPORT, INC.

Principal Place of Business
9100 S DADELAND BLVD
SUITE 400
MIAMI FL 33156

Mailing Address
9100 S DADELAND BLVD
SUITE 400
MIAMI FL 33156

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

3. Date Incorporated or Qualified: 03/03/1995
3a. Date of First Report:
4. FEI Number: 65-0565290 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] **$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
KADE, PAUL M
9100 S DADELAND BLVD
SUITE 400
MIAMI FL 33156

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 Section 607.0505 and 607.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	D [ ] DELETE
NAME	KADE, PAUL M
STREET ADDRESS	9100 S DADELAND BLVD, SUITE 400
CITY, ST, ZIP	MIAMI FL 33156
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P, T & D [X] Change [ ] Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	VP, S & D [ ] Change [X] Addition
2. NAME	Karen R. Kade
2. STREET ADDRESS	9100 S. Dadeland Blvd. #400
2. CITY, ST, ZIP	Miami, Florida 33156
3. TITLE	[ ] Change [ ] Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	[ ] Change [ ] Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	[ ] Change [ ] Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	[ ] Change [ ] Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I do hereby, certify that the information supplied with this Profit Corporation Annual Report 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 reports 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 or possessed 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 added, above with an address.

SIGNATURE: PAUL M. KADE 3/11/96 305/670 6929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (12/95)