SECOND AMOUNT DUE	NOTICE: CORPORATION WILL BE ON OR BEFORE 8/7/96: \$225 (IF DISSO	DISSOLVED ON OR AFTER	R AUGUST 7	', 1996. TATE: \$375 \			
F COR	PROFIT PORATION JAL REPORT	FLÓRIDA DEPA Sandra	FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham Secretary of State				
	1996	DIVISION OF	•	ONS			
DOCUI 1. Corporation	MENT # P9500 (0068985 (7))				
DRAGO	ON MANAGEMENT, INC.				E HE BHA DE ME (BIB) BUNG BBUIL BAKA	88 00 88 00 8 000 1800 1	Afån haidi aida hade
Principal Place of Business Mailing Address							
440 SOUTH SHORE DRIVE MIAMI FL 33141		440 SOUTH SHORE DRIVE MIAMI FL 33141					
		MINMI IL SSITI			3. Date Incorporated or Qualified 09/07/1995	3a, Date of La	ast Fleport
	ace of Business	2a. Mailing Address		4. FEI Number		Applied For	
Suite Apt	#. etc	Suite, Apt. #, etc		62-0681		Not Applicable 75 Additional	
City & State		City & State		5. Certificate of Status Desired		e Required	
Zip Country		28	Country		6. Flection Campaign Financing Trust Funci Contribution	L Ad	.00 May Be ded to Fees
24	25	Zip 29	Countr 30	У	This corporation has liability for Florida Statutes	r intangible tax und X Yes No	ieris 199 032,
DE	9. Name and Address of Current ICHENBACHER, JEFFREY E	Registered Agent	81	Name	10. Name and Address of New R	egistered Agent	-
POLITICAL AUGUST AND AUGUST AND AUGUST AUGUS					ress (P.O. Box Number is Not Accepta	ble)	YR 141
MIAMI FL 33131				63			
			84	City		 8 5	Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508 Florida Statut	es the above	1 '	oration submits this statement for the pon's board of directors. I hereby accept		•
office or re agent I an	gistered agent, or both, in the State o n familiar with, and accept the obligati	l Florida. Such change was a ions of, Section 607,0505, Flo	nuthorized by oridi: Statutes	the corporation	on's board of directors. I hereby accep	I the appointment	as reg-stered
SIGNATURE	Signature Typest or pented name of registered agent	and trie (lappicable (NO)	TE Registered Ag	ert signature requir	red when reinstaling)	DATE	
12. Title	OFFICERS AND DPST	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12
NAME	HULSE, BRUCE W		1.2 NAME			E Criai	. Agringin 2
STREET ADDRESS CITY-ST-ZIP	440 SOUTH SHORE DRIVE MIAMI FL 33141		1.3 STREE 1.4 CITY - :	FADDRESS			PSE034 (3/6)
THILE	W DELETE 2: IITU HULSE, BRUCE W 22 NAM		2 ! TIT(F	31.21	Change Addition		
NAME STREET ADDRESS			2.2 NAM5	T ADDRESS			
CITY-SI-Z-P	MIAMI FL 33141		2 4 CITY				
TITLE NAME		DELETE	3.1 THEE 3.2 NAME			Char	rige Addition
STREET ADDRESS		3 3 STREET ADDRESS		FADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CHY+SI+ZIP 4.1 TIFLE			Char	nge Addition
NAME			4 2 NAME				-9. L.3 Addition
STREET ADDRESS CITY+ST+ZIP				I ADDRESS			
TITLE		DELETE	5 1 TITLE	21-7IF		Char	nge Addition
NAME STREET ADDRESS			5.2 NAME	. Moronce			
CITY-ST-ZIP			5 3 STREET 5 4 City - S				
TITLE		DELETE	6 1 TaTLE			Char	nge Addition
STREET ADDRESS			6.2 NAME 6.3 STREET	ADORESS			
CITY-ST-ZIP	comb that the information consists of	(i) the files is set of a	6.4 CHY-5	ST 21P	2 I M		
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 of the roce ver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or origin placeful ent with an address.							
that my nar	me appears in Block 12 or Block 18 if o	changed, or on an Atactmen	it with an add	dress	1.100	o open orr, none	a character, at RF
SIGNATURE: SIGNATURE INDITION OF MINTED NAME OF SIGNING OFFICER OR DIRECTOR							