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 # **P95000072632 (9)**

1. Corporation Name

~~MAIL-LATIN AMERICA INC~~: DGRHM HOLDINGS INC
N/C 1.24.96

Principal Place of Business

% HARRY LITWIN
122 EAST 42ND STREET
NEW YORK BY 10168

Mailing Address

% HARRY LITWIN
122 EAST 42ND STREET
NEW YORK BY 10168

3. Date Incorporated or Qualified: 09/20/1995

3a. Date of Last Report

4. FEI Number: 11-3295231 ☐ 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 intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☑ No

2. Principal Place of Business

21 C/O 175-28 148TH AVE
22 Suite, Apt. #, etc.
23 City & State: JAMAICA NY
24 Zip: 11434 25 Country: US

2a. Mailing Address

26 C/O 175-28 148TH AVE
27 Suite, Apt. #, etc.
28 City & State: JAMAICA NY
29 Zip: 11434 30 Country: US

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0502 and 607.1506, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE: P	☐ Change ☑ Addition
NAME		12 NAME: ROBERT MITTLMAN	
STREET ADDRESS		13 STREET ADDRESS: C/O 175-28 148TH AVE	
CITY-ST-ZIP		14 CITY-ST-ZIP: JAMAICA NY 11434	
TITLE	☐ DELETE	21 TITLE: V	☐ Change ☑ Addition
NAME		22 NAME: DOMINIQUE BROWN	
STREET ADDRESS		23 STREET ADDRESS: C/O 175-28 148TH AVE	
CITY-ST-ZIP		24 CITY-ST-ZIP: JAMAICA, NY 11434	
TITLE	☐ DELETE	31 TITLE: V/S	☐ Change ☑ Addition
NAME		32 NAME: KARL BAIGLE	
STREET ADDRESS		33 STREET ADDRESS: C/O 175-28 148TH AVE	
CITY-ST-ZIP		34 CITY-ST-ZIP: JAMAICA, NY 11434	
TITLE	☐ DELETE	41 TITLE:	☐ Change ☐ Addition
NAME		42 NAME:	
STREET ADDRESS		43 STREET ADDRESS:	
CITY-ST-ZIP		44 CITY-ST-ZIP:	
TITLE	☐ DELETE	51 TITLE:	☐ Change ☐ Addition
NAME		52 NAME:	
STREET ADDRESS		53 STREET ADDRESS:	
CITY-ST-ZIP		54 CITY-ST-ZIP:	
TITLE	☐ DELETE	61 TITLE:	☐ Change ☐ Addition
NAME		62 NAME:	
STREET ADDRESS		63 STREET ADDRESS:	
CITY-ST-ZIP		64 CITY-ST-ZIP:	

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14. I do hereby certify that the information supplied with this filing is complete, accurate and 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, added or deleted.

SIGNATURE: ROBERT MITTLMAN 3/7/96 718-595-3616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #