SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P96000072385 (3)

GRAGON INC

FILED

97 AUG 21 PM 2: 59

SECRETARY OF STATE TALLAHASSES, FLORIDA

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Principal Plac	o of Busines	· · · · · · · · · · · · · · · · · · ·	Mailing /	Address				_{			
			•								
9600 NW 25T MIAMI FL 331		ðr.		9600 NW 25TH ST. SUITE 3F MIAMI FL 33173							
			MINWI I	L 00170				DO NOT WRITE	IN THIS	SPACE	
								3. Date Incorporated or Qualified	3a. D	ate of Last Re	eport
								08/30/1996			
2. Principal P	lace of Busi	ness	2a. Maifir	ng Address				4. FEI Number			plied For
21			26							No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	
22			27					C. Darmond Dr. Clares D. Control		Fee Re	quired
City & State			City & State					6. Election Campaign Financing	_	\$5.00	
23			28					Trust Fund Contribution	<u> </u>	Added t	
Zip		Country	Zip			untry	′	8. This corporation owes or has pa			·
24	a Name	25 and Address of Curre	nt Posistered	Agant	30	T		Personal Property Tax due June 10. Name and Address of New Re			3 No
1 de			ir negistered	Agent		81	Name	10. Name and Address of New Re	gistered	Main	
	SA, MANU					٠.	TVLICIO				
	O BRICKE					82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
MIA	AMI FL 331	31					<u> </u>				
						83					
						84	City		FL	85 Zip (Code
44 Dureuppt	to the provin	sions of Sections 607.060	12 and 607 150	9 Elorida Stati	too the c	how	named corp	oration submits this statement for the p			o registered
office or r	registered as	gent, or both, in the State	e of Florida, Suc	ch change was	authorize	ed by	/ the corporati	on's board of directors. I hereby accep	pt the app	pointment as	registered
agent. I a	ım ta miliar w	ith, and accept the oblig	jations of, Secti	ion 607.0505, F	Iorida Sta	itutes	S.				
SIGNATURE	Signature type	d or printed hanc of registered ag	and and title if anylog	abda (NC	Ti Booister	od And	onl eignature require	ed when reinstating)	DATE		
12,	Signature, types		D DIRECTORS		13.		ara a griature require	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	Ď	<u> </u>		DELETE		TITLE	- · · · · · · · · · · · · · · · · · · ·	7.05/10/0/11/1000 TO OTT	oeno na	Change	Addition
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CITY-ST-ZIP	MIAMI F				1.3 5	SIREFI		-08/27/			
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do 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 true be empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in chapted on an attachment with an adordoss.

9600 N.W. 25TH STREET, SUITE 3F MIAMI, FLORIDA 33172

MANUEL G. MESA MBA ACCOUNTANT

TEL.: 593-7041 FAX: 592-5143

DEAR SIR,

WE DID NOT RECEIVE THE FIRST ANNUAL REPORT FOR GRAGON, INC. WE SPOKE WITH THE FLORIDA DEPARTMENT OF STATE AND WERE TOLD TO MAIL THE CHECK FOR 165.00 TO THIS OFFICE. THEY EXPLAINED THAT THERE SEEMED TO BE A PROBLEM WITH THE FIRST MAILING.

THANK YOU

GRAGON, INC.