

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 AUG -7 AM 11: 04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V35920 (0)

1. Corporation Name
DIGNA INVESTMENTS, INC.

Principal Place of Business Mailing Address
2307 DOUGLAS RD (SW 37TH AVE) SUITE 401 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/13/1992** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0337976** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaigns (President) **\$5.00 May Be Added to Fees**
Trust Fund Contributions
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**JIMENEZ, MARIO
2307 DOUGLAS RD (SW 37TH AVE)
SUITE 401
MIAMI FL 33145**

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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **JIMENEZ, MARIO**
STREET ADDRESS **2307 SW DOUGLAS RD #401**
CITY, ST, ZIP **MIAMI FL**

13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS
1. TITLE **S** Change Addition
NAME **MARIO R. JIMENEZ**
2. STREET ADDRESS **2307 S. DOUGLAS RD #401**
3. CITY, ST, ZIP **MIAMI, FL 33145**
21. TITLE **PT** Change Addition
22. NAME **ROSA JIMENEZ**
23. STREET ADDRESS **2307 S. DOUGLAS RD #401**
24. CITY, ST, ZIP **MIAMI, FL 33145**

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 110.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: Mario R. Jimenez 8/1/95 305-441-8582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional) (Phone #)

CR2E034 (3/95)