FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N34170

(3)

FLORIDA BUSINESS DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address						, (49109) 449 Hall 4199) ((411 1981)			
6801 LAKE WC	ORTH RD	6801 LAKE WORTH RD.							
RM 209		STE. 209							
LAKE WORTH FL 33467 US		LAKE WORTH FL 33467 US				3. Date Incorporated or Qualified			
						09/05/1989	0	2/01/19	195
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 65-0179159			Applied For	
21		26				05 0178 139			Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State		City & State			6. Election Campaign Financing			May Be	
23		28			Trust Fund Contribution			d to Fees	
Zip	Country	Žip	Zip Country			8. This corporation has liability for	ntangible tay	under s.	199.032,
24	25	29	30			Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent		241	B.1	10. Name and Address of New R	egistered A	gent	
4004444	1 (EDALIE			81	Name				
	M, JEROME	82 Stree			Street A	Address (P.O. Box Number is Not Acceptab	le)		
STE. 209	KE WORTH RD.	83				and the state of t			
	ORTH FL 33467		į				***		
				84	City		FL		o Code
11. Pursuant to	o the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	s, the abou	ve-n	amed bo	rporation submits this statement for the pur board of directors. I hereby accept the app	pose of char	nging its re	egistered office
familiar wit	h, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.	a by the b	O p	DIAGON S	board of directors. Thoroby decept the upp	on in the contract	09/0(0/00	agoni. I am
SIGNATURE _	Signatur typed or printed name of registered agen	Land title if and cable (NOT)	F: Registered	Agen	t sionature re	quired when reinstating	1/2	6/91	
12.	OFFICERS AND DIRECTORS			_		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE	D	☐ DEL E TE	1.1 717	LΕ		٥	_	Change	☐ Addition
NAME	RODRIGUEZ, ZAIDA		1.2 NAME			475 RIO VISTE La	-		ı
STREET ADDRESS	475 RIO VIRTA LN.				ADDRESS				ı
CITY - ST - ZIP	MERRITT ISLAND FL	Floriere	14 CITY -		T-ZIP	Merrit Island, F		70	- Addition
1/ILE	DV MANOS, MANNY	DEFELE	2 1 TITLE			0V	_	_ Change	☐ Addition
NAME	801 N W 47TH AVE.		2 2 NAME 2 3 STREE		ADDRESS	TOI N.W. 4214 AV	•		
STREET ADDRESS CITY-ST-ZIP	POMPANO BCH. FL		2.40		i i				
TITLE	D	DELETE	3.1 Ti		51-411	Ponpano Banh Fi Gesio, Edwards 760 NW 42 AV		Change	Addition
NAME	GESIO, EDUARDO			3.2 NAME		Cosio Egundo		_	_
STREET ADORESS	760 NW 42ND AVE		3.3 \$1	REET	ADDRESS	760 No 4700 H	' <		
CITY - ST - ZIP	MIAMI FL		3.4. C(TY		ST-ZIP	Mismi, FL	_		
TITLE	DV	DELETE	4.1 Tu	TLE.		ov . co		⊒ •Change	☐ Addition
NAME	SCHWARTZ, DAVID		4. 2 N	AME		34 Laurel Lang			
STREET ADDRESS	25 SOUTHSIDE RD			4 3 STREET AODRESS		24 Fance, true	````		
CITY+ST-ZIP	YORK MA	□ DCL ETC	. 44 CH		T-ZIP	DUEDON NH C		Change	☐ Addition
TOTLE	DP ABRAHAM, JEROME	DELETE	51 TI			O P	_ L	- Change	☐ Xddi(ibii
NAME OZOSEL ADODESO	3819 WOODS WALK BLVD.		52 N/		ADDRESS	Abraham Jeron 1833 Irland Sho	105		
STREET ADORESS	LAKE WORTH FL				T-ZIP	W. Palm Beach, F	L		
CITY-ST-ZIP TITLE		DELETE	617		/1 - Zu	D		Change	Addition
NAMÉ		_	6.2 N			Eva michael			
STREET ADDRESS					ADDRESS	Frey Michael I E. Brown Blu Ft. Lander Dale FL	3 760	У	
CITY-ST-ZIP			6.4 CI	1Y-5	ST-ZIP	Ft. Lander Dale, FL			w
14. I do hereb	ov certify that the information supplied	with this filing is voluntarily furni-	shed and	doe	s not qua	lify for the exemption stated in Section 119	.07(3)(k), Flo	rida Statul	tes. I further

• Too mereby certify that the information supplied with this siling is voluntarily turnished and does not quality 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 or the receiver 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 on an attachment with an address.

SIGNATURE: SIGNATURE OF SIGNING OFFICER OF DIRECTOR

E FRENINKI I BAR MERLI BIRDIK MANA INDIN ARAH DEBIK BIRKI BIRKI DIRIH DIRIH BIRKI BIRKI ARAH

CR2F037 (12/9