


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91584 011 ****61.26

PROFIT CORPORATION ANNUAL REPORT 2001		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N99000001602

1. Corporation Name
D.I.A.F.A.N., INC

Principal Place of Business Mailing Address
1301 N.W. 31 AVE
Miami, FL 33125

A0070230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03-15-1999

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc	Suite, Apt. #, etc.		65-1002001	Not Applied
22	City & State	City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country	Country	30	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOUBERT, FELIX M. 1301 N.W. 31 AVE Miami, FL 33125				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	JOUBERT, FELIX M.			1.2 NAME			
STREET ADDRESS	1301 N.W. 31 AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL 33125			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	ARGENTINA, ALBA			2.2 NAME			
STREET ADDRESS	ALTOS JARDINES			2.3 STREET ADDRESS			
CITY-ST-ZIP	TEGUCILPA, HONDURAS			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FLAMENCO, DANIEL			3.2 NAME			
STREET ADDRESS	ALTOS JARDINES			3.3 STREET ADDRESS			
CITY-ST-ZIP	TEGUCILPA, HONDURAS			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Felix M. Joubert** **April 30 / 2001 - (305) 551-7302**