

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

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000044545 (9)

1. Corporation Name  
DE BECHE DIAZ, INC.



Principal Place of Business  
11430 N. KENDALL DRIVE  
SUITE 236  
MIAMI FL 33176

Mailing Address  
11430 N. KENDALL DRIVE  
SUITE 236  
MIAMI FL 33176-1042

3. Date Incorporated or Qualified 06/09/1994  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 11430 N. Kendall Dr  
Suite, Apt. #, etc. Suite 243  
22 Suite 243  
City & State Miami, FL  
23 Miami, FL  
Zip 33176 Country Dade  
24 33176 25 Dade  
2a. Mailing Address  
26 11430 N. Kendall Dr  
Suite, Apt. #, etc. Suite 243  
27 Suite 243  
City & State Miami, FL  
28 Miami, FL  
Zip 33176 Country Dade  
29 33176 30 Dade

4. FEI Number 65-0506334  
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

9. Name and Address of Current Registered Agent

DE BECHE DIAZ, PAULINE  
11430 N. KENDALL DRIVE  
MIAMI FL 33176

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 *Pauline de Beche Diaz* 1-6-97  
Signature typed or printed name of registered agent, as applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PVST	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DE BECHE DIAZ, PAULINE			1.2 NAME			
STREET ADDRESS	11430 N. KENDALL DR., SUITE 236			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DE BECHE DIAZ, PAULINE			2.2 NAME			
STREET ADDRESS	11430 N. KENDALL DR., SUITE 236			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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"/> Addition	
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"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 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.

SIGNATURE: *Pauline de Beche Diaz* 1-6-97 305-516-5154  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)