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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400093276 (1)

DIETER INVESTMENTS, INC.

FILED Apr 21 1998 8:00am Secretary of State

Principal Place of Business Mailing Address **690 WARREN LANE** 690 WARREN LANE KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/23/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 104 Crandon Blud 65-0566943 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 421 - D Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing FP Key Biscarne 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible FP 33149 U.S.A X No 24 Yes Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent OTERO & MULLIN, P.A. 81 Name 75 VALENCIA AVE. 62 Street Address (P.O. Box Number is Not Acceptable) SUITE 400 83 **CORAL GABLES FL 33134** 84 City Zip Code 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 reinstaling) Signature, typicid or printed numeral region red agreel and life, if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DETETE Addition Change TITLE 1.1 1IILE SAN MIGUEL, ALBERTO NAME 1.2 NAME CR2E034 690 WARREN LANE 1.3 STRUET ADDRESS STREET ADDRESS KEY BISCAYNE FL 1.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY-ST-ZIP Change DELETE Addition TITLE 31 THLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CHY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE ___ Change Addition TITLE 5.1 Till E NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 611MLF 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 C(TY - S1 - Z(P CITY-ST-ZIP

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same logal 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 in an attachment with an address.