

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

APPROVAL
AND
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98 JAN -8 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000099280
 1. Corporation Name
DIVERSIFIED REAL ESTATE, INC.

Principal Place of Business	Mailing Address
5775 Blue Lagoon Drive #140 Miami, FL 33126	5775 Blue Lagoon Drive #140 Miami, FL 33126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	27	30
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
22	29	23	28
City & State	City & State	Zip	Country
24	25	29	30
Country	Country	Country	Country

3. Date Incorporated or Qualified	Applied For
11/19/1997	Not Applicable
4. FEI Number	Applied For
65-0800602	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

PEREZ-ABREU, EMELINA
 5775 Blue Lagoon Drive, #140
 Miami, FL 33126

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	0	<input checked="" type="checkbox"/> DELETE
NAME	CUETO, MARIA TERESA	
STREET ADDRESS	5900 S.W. 127th Avenue #3411	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	0	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELGADO, HUMBERTO R	
1.3 STREET ADDRESS	9608 S.W. 117th Avenue	
1.4 CITY-ST-ZIP	Miami, FL 33186	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 ****150.00 ****150.00

P. Alaw
 Jan 8, 1998

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.

CR2E034 (10/97)