


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

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FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90017 020 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000099280

1. Corporation Name
DIVERSIFIED REAL ESTATE, INC.



Principal Place of Business 5775 BLUE LAGOON DR. STE 140 MIAMI FL 33126	Mailing Address 5775 BLUE LAGOON DR. STE 140 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15450 New Barn Rd Suite, Apt. #, etc. 22 #308 City & State 23 Miami Lakes, FL Zip Country 24 33014 25 USA	2a. Mailing Address 26 15450 New Barn Road Suite, Apt. #, etc. 27 #308 City & State 28 Miami Lakes, FL Zip Country 29 33014 30 USA
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3. Date Incorporated or Qualified 11/17/1997	4. FEI Number 65-0800602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

PEREZ-ABREU, EMELINA
 5775 BLUE LAGOON DR, STE 140
 MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name	PEREZ-ABREU, EMELINA		
82 Street Address (P.O. Box Number is Not Acceptable)	15450 NEW BARN ROAD, Ste 308		
83			
84 City	MIAMI LAKES	85 Zip Code	FL 33014

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 **EMELINA PEREZ-ABREU, President** *Emelina Perez Abreu* 5/2/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	DELGADO, HUMBERTO R
STREET ADDRESS	9608 S.W. 117TH AVENUE
CITY-ST-ZIP	MIAMI FL 33186
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELGADO, HUMBERTO R.
1.3 STREET ADDRESS	9608 SW 117th Avenue
1.4 CITY-ST-ZIP	Miami, FL 33186
2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PEREZ-ABREU, EMELINA
2.3 STREET ADDRESS	820 OBISPO AVENUE
2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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 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: *Emelina Perez Abreu* Emelina Perez-Abreu 5/2/99 (305) 822-5199
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)