


FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90065 010 ***150.00

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

DOCUMENT # P98000016920

1. Corporation Name
AMERICAN DIABOLO, INC.



Principal Place of Business 561 RANCH ROAD SUITE 100 WESTON FL 33326	Mailing Address 561 RANCH ROAD SUITE 100 WESTON FL 33326
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0818086	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	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 BARTHE, FREDERIC 888 S.E. 3RD AVENUE SUITE 400 FT. LAUDERDALE FL 33316				10. Name and Address of New Registered Agent	
81	Name	PATRICK NIVIES			
82	Street Address (P.O. Box Number is Not Acceptable)	702 E DANIA BEACH BLVD			
83		SUITE 202			
84	City	FL	85	Zip Code	33004

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	DP	1.1 TITLE	
NAME	GALINDO, CHRYSLAINE	1.2 NAME	
STREET ADDRESS	561 RANCH ROAD SUITE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	1.4 CITY-ST-ZIP	
TITLE	DVPS	2.1 TITLE	
NAME	GARCIA, THIERRY	2.2 NAME	
STREET ADDRESS	561 RANCH ROAD SUITE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME	FIANSON, SOPHIE	3.2 NAME	
STREET ADDRESS	561 RANCH ROAD SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:  4/6/99 3898600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)