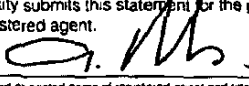


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

01-28-2004 90003 009 ***150.00

DOCUMENT # P98000054662					
1. Entity Name DIACOR INTERNATIONAL, INC.					
Principal Place of Business 36 N.E. 1ST ST #821 MIAMI FL 33132			Mailing Address 36 N.E. 1ST ST #821 MIAMI FL 33132		
2. Principal Place of Business 36 N.E. 1ST			3. Mailing Address		
Suite, Apt. #, etc. 821			Suite, Apt. #, etc.		
City & State MIAMI FL			City & State		
Zip 33132		Country		Country	
4. FEI Number 65-0844118				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIN, ALAN 36 N.E. 1ST #747 MIAMI FL 33131			7. Name and Address of New Registered Agent Name ALAN RUBIN Street Address (P.O. Box Number is Not Acceptable) 36 N.E. 1ST #821 City MIAMI FL 33132		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  ALAN RUBIN DATE 1/22/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, ALAN 2000 TOWERSIDE TERRACE #709 MIAMI FL 33138 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ALAN RUBIN 36 N.E. 1ST #821 MIAMI FL 33132 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  ALAN RUBIN DATE 1/22/04 (305) 577-1005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					