

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90005 036 \*\*\*150.00

DOCUMENT # P98000097959

1. Corporation Name  
DIAJOHN, CORPORATION

Principal Place of Business  
7376 SW 113 CIR PLACE  
MIAMI FL 33173-2610

Mailing Address  
7376 SW 113 CIR PLACE  
MIAMI FL 33173-2610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1998

4. FEI Number

65-0876780

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4921 S.W. 40ST.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 46-47-48

27

City & State

City & State

23 Miami FL

28

Zip Country

Zip Country

24 33155

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELGADO, MARDEL Y  
7376 SW 113 CIR PLACE  
MIAMI FL 33173-2610

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME FERNANDEZ, NILMA  
STREET ADDRESS AVE PRINCIPAL D SANTA INES QTA ENAS  
CITY-ST-ZIP CARACAS 1080- VENEZULA

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME MENDOZA, RAFAEL  
STREET ADDRESS PROLOG AVE PRINCIPAL DE STA INES  
CITY-ST-ZIP CARACAS-VENEZULA

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ESTEVEZ, HECTOR  
STREET ADDRESS CONJ RES TAMANACO ED PENA BLANCA  
CITY-ST-ZIP PISO 13 APT 132 CARACAS VZLA

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME DELGADO, MARDEL Y  
STREET ADDRESS 7376 SW 113 CIR PLACE  
CITY-ST-ZIP MIAMI FL 33173-2610

4.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME GARCIA, GUSTAVO  
STREET ADDRESS AVE PRINCIPAL DE SANTA QTA ENAS  
CITY-ST-ZIP CARCAS 1080-VENEZULA

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *M. Delgado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

305-2648772

CR2E034 (11/98)

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