

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90067 042 ***150.00

0151687

DOCUMENT # P99000042969

1. Entity Name
DILUAN INVESTMENT CORPORATION

Principal Place of Business 1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131	Mailing Address 1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0919117** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTILLO, ALVARO B P.A.
 1390 BRICKELL AVENUE
 SUITE 200
 MIAMI FL 33131**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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.

SIGNATURE  1-22-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE HOFFMANN, HUGO ANSELMO 1390 BRICKELL AVENUE SUITE 200 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE <i>P/T</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Sebastian Diego De Hoffmann</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1390 Brickell Avenue, Suite 200</i> <i>Miami, Florida 33131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>VP</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Hugo Anselmo De Hoffmann</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1390 Brickell Avenue, Suite 200</i> <i>Miami, Florida 33131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>S</i> NAME STREET ADDRESS CITY-ST-ZIP	<i>Cinthya Mora-Fleischheker</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1390 Brickell Avenue, Suite 200</i> <i>Miami, Florida 33131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Hugo De Hoffmann** 1/22/01 (305) 371-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)