

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrtham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:05

DOCUMENT # **S92183** (0)
1. Corporation Name
DIAMOND TRANSFER CORP.

Principal Place of Business Mailing Address
3440 N.W. NORTH RIVER DRIVE MIAMI FL 33142
3440 N.W. NORTH RIVER DRIVE MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/05/1991** 3a. Date of Last Report **06/27/1994**

| | | | |
|--|---|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 zip Country | 4. FEI Number 65-0391497 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 | 25 | 29 | 30 |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | 6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | |
|---|--|---|-----------|-------------|
| 9. Name and Address of Current Registered Agent DUVALLO, CARLOS 14481 SW 71 LANE MIAMI FL 33183 | | 10. Name and Address of New Registered Agent | | |
| | | 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 officer 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 reappointing) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BABUN, LINCOLN J | 1.2 NAME | |
| STREET ADDRESS | 14481 SW 71 LANE | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL | 1.4 CITY, ST, ZIP | |
| TITLE | T | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUVALLO, CARLOS | 2.2 NAME | |
| STREET ADDRESS | 1520 SW 1 STREET | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL 33135 | 2.4 CITY, ST, ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALVEZ, RENE A | 3.2 NAME | |
| STREET ADDRESS | 12693 NW 8 TERR | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL | 3.4 CITY, ST, ZIP | |
| TITLE | T | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOLINA, MARGARITA BABU | 4.2 NAME | |
| STREET ADDRESS | 14481 SW 71 LANE | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | MIAMI FL | 4.4 CITY, ST, ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 its 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.

SIGNATURE: _____ DATE: **5/26/95** **3027 CAR-4321**