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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 10 1997 8:00am Secretary of State

	1997	90 W	100	DIVISION OF	CURPUR	AIIC	211/2				
pocul	MENT	# F33137	7	(3)							
1. Corporatio	on Name	DIE, INC.		(-,		3. Date incorporated or Qualified 3a. Date of Last Report O5/01/1981 Applied For Not Applicable Sp.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required Fee Required Sp.75 Additional Sp.75					
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Principal Plac		s		lailing Address					#1#11 #1 #11 (11811 (48)
603 PACKARD SAFETY HARB				ig packard court Afety Harbor FL 3469	6-3003						
									,		eport
2. Principal Place of Business				2s. Mailing Address				1	4. FEI Number Applied		
Suite, Apt #, etc				Suite, Apt. #, etc.				59-2104219	¢0.75 1.223		
22				27				5. Certificate of Status Desired			
City & State				City & State				6. Election Campaign Financing		\$5.00	May Be
23				28							
Zip		Country 25	29	Zip	30	intry					. 199.032,
24	9. Name	and Address of Curre		stered Agent	1301	Γ					
SAN	NCHEZ, RAI	FAEL A				81	Name				
	1 VIRGINIA					82	Street Ad	Idress (P.O. Box Number is Not Acceptate	ole)		
PAL	M HARBOF	R FL 34683			·						
					1	83					
						84	City		FI	85 Zip (Code
11. Pursuant	to the provis	ions of Sections 607.05	02 and 6	307,1508, Florida Statu	tes, the al	bove	ramed co	progration submits this statement for the		f changing it	s registered
office or r agent. Fa	registered aç am familiar w	gent, or both, in the Stat ith, and accept the obli	e of Flori pations o	ida, Such change was of, Section 607,0605, Fl	authorize orida Stal	d by	the corpor	ration's board of directors. I hereby acce	pt the app	pointment as	registered
SIGNATURE		,	J								
12,	Superfunct types	or print of han a of registered a OFFICERS A				d Age	nt signature rec			DIRECTOR	S IN 12
THIE	PD	Orrioths Ai	NO DINE	DELETE		TLE		ADDITIONS/OF WHALE TO CETT	JEITO MIT		
NAME	SANCHE	z, rafael a			1.2 N	AME					
STREET ADDRESS		ginia avenue	[1.3 STREET ADDRESS					
CITY - ST - ZIF		ARBOR FL			1.4 CI	TY - \$	T-ZIP				
\$iTLF	SD	ANTONIO		☐ DELETE	- 1		ļ			L Change	Addition
NAM!	13 OAK	, ANTONIO									
STREET ADDRESS		ARBOR FL			1		L				
City-St-ZiP Trile	VPD			DELETE			oi - Eir		, ,, ,,,	Change	☐ Addition
NAME		Z, PACITA			3.2 N	AME	ļ			-	
STREET ADDRESS		GINIA AVE			3351	TAEET	ADDRESS				
CITY - \$1 - 7P	4	ARBOR FL					ST-ZIP				
TITLE	TD ALONSO	MADINA		☐ DELETE						L_1 Change	□ Addition
NAME CARRES ABORROS	13 OAK	, MARINA AVF					*DODEGO				
STREET ADDRESS CHY-ST-ZIP		ARBOR FL									
TITLE	1	<u> </u>		DELETE				· · · · · · · · · · · · · · · · · · ·	·	Change	Addition
NAME					52 N	AME	}				
STREET ADDRESS					5.3 \$1	TREET	ADDRESS				
C+TY - ST - ZIP	L						(- ZiP		~	-	
THEF	}			☐ DELETE	6111]			Change	Addition
NAME					6.2 N						
STREET ADDRESS					1		ADDRESS .				
0/17/SI-7/P 14. I do here	by certify the	at the information supply	ed with t	his filing does not qual	6.4 C			led in Section 119.07(3)(i), Florida Statute	s. furthe	r certify that	the
		- this the			true and		المام المساعد المساعد	and the second s	1 -411	m id an male	أمحاف خافم مستمأم

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 it 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.

SIGNATURE:

H-04-97.813-7267419