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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name 548063

Principal Place of Business

NELSON V. DIAZ, INC.

Mailing Address

1416 INDIAN RD

1416 INDIAN RD



	E SHORES FL 33406	LAKE CLARKE SHORES FL 33406							
						3. Date Incorporated or Qualified 09/30/1977	3a. Date o	of Last F 26/19	
2. Principa' Pla	nce of Business	2a. Mailing Address				4. FEI Number			Applied For
1		26			59-1777433			Not Applicable	
Suite, Apt. /	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Orty & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	Zip	C	ountry		8. This corporation has liability for it		under s	199.032,
4	25	29	30			Florida Statutes			
_l	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New R	egistered A	gent	
				81	Name				
LOBO, A	ALFRED F.			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	A BISCUIT RD.		62 3.1		0110017100				
	EACH GARDENS FL 33418			83					
				84	City			85 Z	ip Code
				54	Oity		FL	63 -	45 0000
SIGNATURE	Signature, typica or pursted name of registere tage	rot and title it applicable (f	NOTE Register	red Agent		d of directors. I hereby accept the appx	DATE		
2.	,	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFF			
HE	D	☐ DELETE	1.	1 TITLE			Ц	Change	☐ Addition
IAME	DIAZ, NELSON V.		1.2	NAME					
IREET ADDRESS	1416 INDIAN RD		1.3	STREET.	ADDRESS				
	LAKE CLARKE SHORES FL		1.4	CITY-S				Change	FT Addition
ory - St - ZIP IFLE	LAKE CLARKE SHORES FL SD	DELETE	1.4	CITY - SI 1 TITLE				Change	☐ Addition
ofy+S1+ZIP IFUE IAM(LAKE CLARKE SHORES FL SD DIAZ, MARIA		1.4 2 2.2	CITY-SI 1 TITLE 2 NAME	-2IP			Change	Addition
OLY - ST - ZIP OLE PAME PREEF ATORESS	LAKE CLARKE SHORES FL SD DIAZ, MARIA 1416 INDIAN RD	DEFE1F	1.4 2 2.2 2.3	CITY-SI 1 TITLE 2 NAME 3 STREET	- 21P			Ehange	Addition
OLY - ST - ZIP O'LE AMI O'REEL ATORESS OLY - ST - ZIP	LAKE CLARKE SHORES FL SD DIAZ, MARIA	DELETE	1.4 2 2.2 2.3 2.4	1 TITLE 2 NAME 3 STREET 4 CITY-S	- 21P				
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OLY - \$1 - ZIP FLE AMI FREE F ATORESS OLY - \$1 - ZIP TLE AME	LAKE CLARKE SHORES FL SD DIAZ, MARIA 1416 INDIAN RD	DELETE	1.4 2 2.2 2.3 2.4 3 3.3	CITY-SI TITLE NAME STREET CITY-S TITLE NAME	ADDRESS				
HY-S1-ZIP TUE AME TREET ATORESS HY-S1-ZIP TUE AME TREET ADORESS	LAKE CLARKE SHORES FL SD DIAZ, MARIA 1416 INDIAN RD	DELETE	1.4 2 22 23 24 3 33	A CITY-SI TITLE NAME STREET CITY-S TITLE NAME NAME STREET	ADDRESS - ZIP ADDRESS				
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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 eath; 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:

2-13-96

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