


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

FILED

Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **565088** (2)  
1. Corporation Name  
**DI - MAR CO, INC.**

Principal Place of Business <b>90225 SW 123RD CT STE O-304 MIAMI FL 33186</b>	Mailing Address <b>90225 SW 123RD CT STE O-304 MIAMI FL 33186</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9601 SW 142<sup>ND</sup> AVE</b> Suite, Apt. #, etc. 22 <b>SUITE 1321</b> City & State 23 <b>MIAMI FLORIDA</b> Zip <b>33186</b> Country 24 <b>FLORIDA</b> 25 <b>U.S.A.</b>		2a. Mailing Address 26 <b>9601 SW 142<sup>ND</sup> AVE</b> Suite, Apt. #, etc. 27 <b>SUITE 1321</b> City & State 28 <b>MIAMI FLORIDA</b> Zip <b>33186</b> Country 29 <b>U.S.A.</b> 30 <b>U.S.A.</b>		3. Date Incorporated or Qualified <b>01/06/1978</b>	4. FEI Number <b>59-1784263</b> Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DIAZ, JUAN A**  
**9022 SW 123RD COURT STE O-304**  
**MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name <b>DIAZ, JUAN A</b>	85 Zip Code <b>33186</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9601 SW 142<sup>ND</sup> AVE</b>	
83 <b>STE. 1321</b>	
84 City <b>MIAMI</b>	85 <b>FL</b>

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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DIAZ, JUAN A.</b>		1.2 NAME <b>DIAZ, JUAN A</b>	
STREET ADDRESS <b>9022 SW 123 RD STE 304</b>		1.3 STREET ADDRESS <b>9601 SW 142<sup>ND</sup> AVE. STE. 1321</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP <b>MIAMI, FLA. 33186</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DIAZ, MARTA R.</b>		2.2 NAME <b>DIAZ, MARTA R</b>	
STREET ADDRESS <b>9022 SW 123 RD STE 304</b>		2.3 STREET ADDRESS <b>9601 SW 142<sup>ND</sup> AVE. STE 1321</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP <b>MIAMI, FLA 33186</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DIAZ, JUAN A</b>		3.2 NAME	
STREET ADDRESS <b>9022 SW 123 RD STE 304</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 a address.

SIGNATURE:

CR2E034 (10/97)