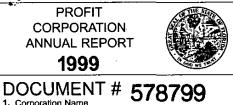
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90131 037 \*\*\*150.00

WANUEL	DIAZ FANIVIS, INC.									
Principal Plac	e of Business	Mailing Addres						18) 018H 8\B		
•										
23705 SW.117TH AVE. 23705 SW.117TH AVE. MIAMI FL 33032 MIAMI FL 33032							DO NOT WRITE IN THIS	SPACE		
						. 1	3. Date Incorporated or Qualifed 07/14/1978			
Principal Place of Business     2a. Mailing Address							4. FEI Number	417	Applied For	
21		26					59-1832429		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
_ City & Stat	10	City & Stat	City & State				6. Election Campaign Financing	- \$5.00 May Be Added to Fees		
3 28				Country			Trust Fund Contribution		0 to Fees	
Zip	Country Zip			Country			This corporation owes the current year Int	angible Yes	□No	
24	9. Name and Address of Curren		30				Personal Property Tax.  10. Name and Address of New Registered			
	9. Name and Address of Curren	t Registered Agen		81	Name		To. Name and Address of New Registered	Agent		
DIA7	-FOX, EMILIA			Ľ	Mairie					
1221 BRICKELL AVENUE, SUITE 1020				82	Street A	Addres	s (P.O. Box Number is Not Acceptable)			
SUITE 1575, MUSEUM TOWER				83						
	MI FL 33131			"						
				84	City		FL	85   Zij	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 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 remistating)										
12.	OFFICERS AN		(14072.148	13.	n aignature re	Adamon 44	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12	
TITLE	PD		DELETE	1.1 TITLE				Change	Addition	
NAME	DIAZ, MANUEL C.			1.2 NAME						
STREET ADDRESS	23705 SW 117TH AVENUE			1.3 STREET	TADDRESS				j	
CITY-ST-ZIP	HOMESTEAD FL			1.4 CITY-S	T-ZIP					
TITLE	SDT		DELETE	2.1 TITLE				Change	● ☐ Addition	
NAME	DIAZ, EMILIA F.	•		2.2 NAME						
STREET ADDRESS	23705 SW 117TH AVENUE			2.3 STREE	TADDRESS					
CITY-ST-ZIP	HOMESTEAD FL			2. 4 CITY- 9	ST-ZIP		للمناف وللمناف والمراز المراز المرازي			
TITLE			DELETE	3.1 TITLE				Change	● ☐ Addition	
NAME				3.2 NAME					}	
STREET ADDRESS	-'			3.3 STREET	ADDRESS				ţ.	
CITY-ST-ZIP				3.4. CITY-5	T-ZIP					
TITLE			DELETE	4.1 TITLE				☐ Change	e	
NAME	·			4. 2 NAME						
STREET ADDRESS	•			4.3 STREET	ADDRESS					
CITY-ST-ZIP			OF FTE	4.4 CITY-S	T-ZIP		town, the		n DAJasta	
TITLE		L	DELETE	5.1 TITLE	- 1			☐ Change	e	
NAME				5.2 NAME	TADODECC					
STREET ADDRESS					T ADORESS			. •	1	
CITY-ST-ZiP			DELETE	5.4 CITY-S 6.1 TITLE	1-211			Change	Addition	
TITLE		ليا	OCCETÉ	6.2 NAME					Addition {	
NAME	a contract			6.3 STREET	LADORESS				}	
STREET ADDRESS	A CONTRACTOR LANDS			6.4 CITY-S					(	
	*****			0.4 0111143	. 211					

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 corporator or the receiver or nustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an appear with all other like empowered.