

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

PROFIT CORPORATION ANNUAL REPORT
1996



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

AMENDED

FILED

97 OCT 13 AM 11:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 846361
 1. Corporation Name
U.S. DIAMEX, INC.

Principal Place of Business: **8401 N. BAYSHORE DR MIAMI, FLORIDA 33138**
 Mailing Address: **7098 BONITA DR. MIAMI, FLORIDA 33138**

3. Date Incorporated or Qualified: **JUNE 26, 1980**
 3a. Date of Last Report: **01-29-97**
 4. F.I.T. Number: **34-1162946**
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required
 6. Election Campaign Financing: **\$5.00** May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: **LOUIS M. DENNISON**
 82 Street Address (P.O. Box Number is Not Acceptable): **8401 N. BAYSHORE DRIVE**
 83
 84 City: **MIAMI,** FL 85 Zip Code: **33138**

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: *Louis M. Dennison* Louis M. Dennison VP 09-09-97
(Signature, typed or printed name of registered agent and title, if applicable) (Typed Name of Agent, Signature Required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input checked="" type="checkbox"/> DELETE
NAME	DENNISON, LOUIS	
STREET ADDRESS	8401 N. BAYSHORE DR	
CITY-ST-ZIP	MIAMI BEACH, FL 33138	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DA SILVA, ALLEN	
13 STREET ADDRESS	8400 N. BAYSHORE DRIVE	
14 CITY-ST-ZIP	MIAMI, FLORIDA 33138	
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DENNISON, LOUIS M.	
23 STREET ADDRESS	8401 N. BAYSHORE DRIVE	
24 CITY-ST-ZIP	MIAMI, FLORIDA 33138	
31 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	BENEDITO, DORALICE	
33 STREET ADDRESS	8401 N. BAYSHORE DRIVE	
34 CITY-ST-ZIP	MIAMI, FLORIDA 33138	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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 119.07(3), 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 2 or Block 13 if changed, or an attachment with an address.

SIGNATURE: *Allen Silva* 9/09/97 (305) 883-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E004 (12/95)