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2-20-95 B-1351-C

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 10:28

DOCUMENT # F93000000963 (9)

1. Corporation Name

DIMEN FINANCIAL GROUP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 2727 NEWPORT BLVD, #203 NEWPORT BEACH, FL 32663 CA	Mailing Address 2727 NEWPORT BLVD, #203 NEWPORT BEACH, FL 32663 CA
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3. Date Incorporated or Qualified 03/11/1993	3a. Date of Last Report 02/23/1994
4. FEI Number 33-0296128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2727 Newport Blvd #203 Suite, Apt. #, etc.	2a. Mailing Address 26 2727 Newport Blvd Suite, Apt. #, etc. 27 203
23 Newport Beach CA 24 92663 25 USA	28 Newport Beach CA 29 92663 30 USA

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 agent 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 _____ (NAME) _____ (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	PCD
NAME	THOMAS, DIANA
STREET ADDRESS	124 VIA TRIESTE
CITY - ST - ZIP	NEWPORT BEACH CA 92663
TITLE	STD
NAME	THOMAS, DIANA
STREET ADDRESS	124 VIA TRIESTE
CITY - ST - ZIP	NEWPORT BEACH CA 92663
TITLE	VD
NAME	THOMAS, CHRISTOPHER
STREET ADDRESS	124 VIA TRIESTE
CITY - ST - ZIP	NEWPORT BEACH CA 92663
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or as an attachment with an address.

SIGNATURE: Diana Thomas DIANA THOMAS 1/20/95 TA 6759840
SIGNATURE AND TYPED OR PRINTED NAME OF RIGHTS OFFICER OR DIRECTOR (Name) (Signature/Type #)