

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # F96000003234 (9)

1. Corporation Name
DIAMSA, INC.

Principal Place of Business

3149 JOHN P. CURCI DR. BLDG. 1-A BAY 2-A
PEMBROKE PINES FL 33009

Mailing Address

3149 JOHN P. CURCI DR. BLDG. 1-A BAY 2-A
PEMBROKE PINES FL 33009

3. Date Incorporated or Qualified

06/24/1996

3a. Date of Last Report

—

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAPAPORT, AVERY W
3149 JOHN P. CURCI DR. BLDG. 1-A BAY 2-A
PEMBROKE PINES FL 33009

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

AVERY W. RAPAPORT 2/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME HOFFMAN, PERLA R
STREET ADDRESS 300 HIGH POINT DR, PH 13
CITY-ST-ZIP HARTSDALE NY 10530TITLE D ☐ DELETENAME SACHAR, PHILLIS
STREET ADDRESS 48 KING DAVID TOWERS
CITY-ST-ZIP 10 URI ST, TEL AVIV, ISRAELTITLE P ☐ DELETENAME RAPAPORT, AVERY W
STREET ADDRESS 19370 COLLINS AVE #323C
CITY-ST-ZIP N MIAMI BCH FL 33180TITLE ST ☐ DELETENAME HOFFMAN, RICHARD E
STREET ADDRESS 300 HIGH POINT DR, PH 13
CITY-ST-ZIP HARTSDALE NY 10530TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

200 Lexlie Drive, #715

HALLANDALE, Florida 33009

☐ Change ☐ Addition☒ Change ☐ Addition

200 Lexlie Drive, #404

HALLANDALE, Florida 33009

☒ Change ☐ Addition

200 Lexlie Drive, #715

HALLANDALE, Florida 33009

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I do 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 an address.

SIGNATURE:

Richard E. Hoffman 2/11/97 964-5545 (954)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0518783

CR2E034 (9/96)