

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

**APPROVED  
AND  
FILED**

**95 MAY 18 AM 9:21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # G09404 (6)**

**1. Corporation Name  
YOLANDA DIAZ, INC.**

**Principal Place of Business Mailing Address  
8181 N.W. 36TH ST. STE. 12 8181 N.W. 36TH ST. STE. 12  
P.O. BOX 52-1077 P.O. BOX 52-1077  
MIAMI FL 33152 MIAMI FL 33152**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 11/23/1982 3a. Date of Last Report 04/21/1994**

**4. FEI Number 59-2250309 Applied For Not Applicable**

**5. Certificate of Status Desired  \$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution  \$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 2a. Mailing Address**

**21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.**

**22. City & State 27. City & State**

**23. Zip Country 28. Zip Country**

**24. 25. 29. 30.**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DIAZ, YOLANDA  
6695 S.W. 30TH STREET  
MIAMI FL 33155**

**B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 or printed name of registered agent and the # applicable

NOTE: Registered Agent signature required when reinstating

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE PDT  
NAME DIAZ, YOLANDA  
STREET ADDRESS 6695 SW 30TH ST.  
CITY, ST, ZIP MIAMI FL**

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP  
 Change  Addition  
900001497829  
-05/24/95--01028--006  
\*\*\*\*225.00 \*\*\*\*225.00**

**TITLE VD  
NAME DIAZ, JUAN  
STREET ADDRESS 6695 SW 30TH ST.  
CITY, ST, ZIP MIAMI FL**

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP  
 Change  Addition**

**TITLE SD  
NAME SELF, BARBARA I.  
STREET ADDRESS 6695 SW 30TH ST  
CITY, ST, ZIP MIAMI FL**

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP  
 Change  Addition**

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP  
 Change  Addition**

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP  
5/18/95 HLT  
 Change  Addition**

**TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP**

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, ZIP  
 Change  Addition**

**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 110.07(3)(b), Florida Statutes. I further certify that the information indicated in 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, director, 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 of this filing, or on an attachment with an address.**

**SIGNATURE**

Signature typed or printed name of signing officer or director

**4-N-95 305-593-9602**  
Date Florida Use Only