

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:04

DOCUMENT # **J86024** (3)

1. Corporation Name
E. GREGORY DIAZ, INC.

Principal Place of Business Mailing Address
14245 SW 57TH LANE #96 **14245 SW 57TH LANE #96**
P.O. BOX 48-0929 **P.O. BOX 48-0929**
MIAMI FL 33243 **MIAMI FL 33243**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/07/1987** 3a. Date of Last Report **03/01/1994**
4. FEI Number **59-2835578** 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **14245 SW 57 LANE** 26 **P.O. BOX 83-1405**
22 **9-6** 27
23 **MIAMI FL** 28 **MIAMI, FL**
24 **33183** 25 **USA** 29 **33183-1405** 30 **USA**

9. Name and Address of Current Registered Agent
VOGELSANG, GEORGE C.
9100 S. DADELND BLVD.
ONE DATRAN CENTER, STE. 902
MIAMI FL 33156

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **2600 DOUGLASS ROAD**
83 **SUITE 906**
84 City **CORAL GABLES, FL** FL 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIAZ, E. GREGORY | 1.2 NAME | |
| STREET ADDRESS | 14245 SW 57TH LANE UNIT 9-6 | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | MIAMI FL | 1.4 CITY-STATE-ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 2.4 CITY-STATE-ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 3.4 CITY-STATE-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 4.4 CITY-STATE-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

14. I, the undersigned, 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 submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *E. Gregory Diaz* DATE: 3/10/95 ³⁰⁵ 385-5552