

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra O. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K19896 (5)

1. Corporation Name
DIACO INC.

Principal Place of Business

1407 CORAL WAY
MIAMI FL 33145
US

Mailing Address

1407 CORAL WAY
MIAMI FL 33145
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1988

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0040446

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. 199.042,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite Apt # etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite Apt # etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

DIAZ, PAULINO
1407 CORAL WAY
MIAMI FL 33145

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

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 of a person authorized to sign for the corporation

Signature of Registered Agent (Required for all corporations)

(Date)

12. OFFICERS AND DIRECTORS

12.1 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PD
DIAZ, PAULINO
1407 CORAL WAY
MIAMI FL

12.2 TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VD
DIAZ, ODALYS P
1407 CORAL WAY
MIAMI FL

12.3 TITLE
NAME
STREET ADDRESS
CITY ST ZIP

12.4 TITLE
NAME
STREET ADDRESS
CITY ST ZIP

12.5 TITLE
NAME
STREET ADDRESS
CITY ST ZIP

12.6 TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY ST ZIP
300001482343
-05/10/95--01087--024
****200.00 ****200.00

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY ST ZIP
☐ Change ☐ Addition

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY ST ZIP
☐ Change ☐ Addition

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY ST ZIP
☐ Change ☐ Addition

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY ST ZIP
☐ Change ☐ Addition

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY ST ZIP
☐ Change ☐ Addition

13.25 TITLE
13.26 NAME
13.27 STREET ADDRESS
13.28 CITY ST ZIP
☐ Change ☐ Addition

13.29 TITLE
13.30 NAME
13.31 STREET ADDRESS
13.32 CITY ST ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report voluntarily furnished (and does not qualify for the exceptions stated in Section 119.07(5)(b), Florida Statutes) I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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: PAUL DIAZ / PRESIDENT

Signature and typed or printed name of signing officer or director

4/28/95 (305)860-9033

Date

Telephone Number