


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K26068** (2)  
1. Corporation Name  
**DIAB INTERNATIONAL, INC.**



Principal Place of Business <b>P.O. BOX 690369 ORLANDO FL 32869-0369</b>	Mailing Address <b>P.O. BOX 690369 ORLANDO FL 32869-0369</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5728 Major Blvd</b> Suite, Apt. #, etc. <b>304</b> City & State <b>Orlando, FL</b> Zip <b>328</b> Country		2a. Mailing Address 26 <b>5728 Major Blvd</b> Suite, Apt. #, etc. <b>304</b> City & State <b>Orlando, FL</b> Zip <b>328</b> Country		3. Date Incorporated or Qualified <b>06/06/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
22		27		4. FEI Number <b>59-3034136</b>	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**DIAB, MOHAMMED N.**  
**5728 MAJOR BLVD., SUITE 304**  
**ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name	<b>Diab, Mohammed N.</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5728 Major Blvd, Suite 304</b>
83	
84 City	<b>Orlando</b>
85 Zip Code	<b>FL 32819</b>

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 **Mohammed Diab** 7-1897  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAB, MOHAMMED N.</b>	1.2 NAME	<b>Diab, Mohammed N.</b>
STREET ADDRESS	<b>5728 MAJOR BLVD., #268</b>	1.3 STREET ADDRESS	<b>5728 Major Blvd Suite 304</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	1.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAB, MOHAMMED N.</b>	2.2 NAME	<b>Diab, Mohammed N.</b>
STREET ADDRESS	<b>5728 MAJOR BLVD., #268</b>	2.3 STREET ADDRESS	<b>5728 Major Blvd, Suite 304</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	2.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 **Mohammed Diab** 7-1897 352-0175  
SIGNATURE REQUIRED

CR2E034 (4/97)