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

Apr 03 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K91992 (3)DIMILLA INC. Principal Place of Business Mailing Address 1021 NE 144TH STREET 1021 NE 144TH STREET NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 05/31/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0152403 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MOODLEY, THINAGARA 1021 NE 144TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) N. MIAMI FL 33161 83 City 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. DIRECTOR IV. PRESIDENT MOODLEY THINAGARA SIGNATURE OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 DTLE MOODLEY, THINAGARA NAME 1.2 NAME STREET ADDRESS 970 NE 132ND ST 1.3 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 1.4 CITY - ST- ZIF Change DELETE Addition TITLE 2.1 TITLE MOODLEY, PREMILLA 2.2 NAME 970 NE 132ND ST STREET ADDRESS 2.3 STREET ADDRESS N MIAMI FL 2.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-71P 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 C(1Y - ST - Z(P CITY - ST - ZIF

14. Thereby 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 proporation with 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

FILED