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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90132 001 \*\*\*150.00

DOCUMENT #	KQ1992
1 Compretion Name	1101002

DIMIL	LA.	INC
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Principal Place	of Business	М	lailing Address				1 (Maint) at the state of a state
1021 NE 144TH			21 NE 144TH STREET				
North Miami i	FL 33161		ORTH MIAMI FL 33161				DO NOT WRITE IN THIS SPACE
US		U	•				3. Date Incorporated or Qualifed 05/31/1989
2. Principal Pl	lace of Business	2a	. Mailing Address				4. FEI Number Applied For
<u>.</u>		26	•				65-0152403 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional
2		27					5. Certificate of Status Desired Fee Required
City & State	e		City & State				6. Election Campaign Financing \$5.00 May Be
3]		28					Trust Fund Contribution Added to Fees
Zip	Country	ļ	Zip	$\overline{}$	Country	<i>'</i>	8. This corporation owes the current year Intangible
4	25	]29]	<del></del> _	30			Personal Property Tax.
	9. Name and Address of Cu	irrent Regis	stered Agent		81	Name	10. Name and Address of New Registered Agent
MOC	DDLEY, THINAGARA				(*	Name	
	I NE 144TH STREET				82	Street Add	ress (P.O. Box Number is Not Acceptable)
	IIAMI FL 33161				83		
14. (*	II/am / L GO IO I				"		
					84	City	FL 85 Zip Code
		0500 10	207.4500 Florido Ctoto				poration submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and except the o	bligations of	t, Section 607.0505, Fil P NOWLET	onda s	Statute	RUEIDE	ion's board of directors. I hereby accept the appointment as registered  ##28/99.  BATE  DATE
12.		S AND DIRI			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE		1.1 TITLE		Change Addition
NAME	MOODLEY, THINAGARA			_ }₁	.2 NAME	)	
STREET ADDRESS	970 NE 132ND ST			١,	.3 STREE	T ADDRESS	•
CITY-ST-ZIP	n miami fl			_{1}	4 CITY-S	T-ZIP	
TITLE	D		☐ DELETE	2	2.1 TITLE		Change Addition
NAME	MOODLEY, PREMILLA			2	2 NAME		
STREET ADDRESS	970 NE 132ND ST			1 2	2.3 STREE	T ADDRESS	
CITY-ST-ZIP	N MIAMI FL			2	2. 4 CITY-	ST-ZIP	
TITLE			□ DELETE	3	3.1 TITLE	}	Change Additio
NAME				3	3.2 NAME		
STREET ADDRESS				3	3.3 STREE	T ADDRESS	
CITY-ST-ZIP					3.4. CITY-	ST-ZIP	
TITLE			☐ DELETE	. 4	1.1 TITLE		Change Additio
NAME				4	I. 2 NAME		
STREET ADDRESS				4	3 STREE	TADORESS	
CITY-ST-ZIP	/ 				A CITY-S	ST-ZIP	The state of the s
TITLE			☐ DELETE	•	5.1 TITLE		Change Addition
NAME					5.2 NAME		
STREET ADDRESS						TADORESS	
CITY-ST-ZIP	<u> </u>				A CITY-S	ST-21P	T Observe T Addition
TITLE			☐ DELETE	- 2	S.1 TITLE	-	☐ Change ☐ Addition
NAME					5.2 NAME		
STREET ANDRESS	1			<b>1</b> 6	3.3 STREE	TADDRESS	

14. I 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 of 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 man attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)