

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

**APPROVED
AND
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95 MAY 11 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moorman
Secretary of State
Executive Office Building, Tallahassee, FL 32304

DOCUMENT # L02486 (3)
1. Corporation Name
DIVERSIFIED ASSOCIATES TECHNOLOGY OF AMERICA INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**% JAVIER RODRIGUEZ
19711 NW 52ND CT
MIAMI FL 33055**

Mailing Address
**5901 NW 151 ST
102B
MIAMI LAKE FL 33015
US**

3. Date of Appointment of Officers **07/14/1989** 3a. Date of Last Report **03/21/1994**
4. FET Number **65-0130879** 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**
7. This corporation has liability for intangible tax under 5-106, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. City & State
24. City & State
25. City & State
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. City & State
30. City & State

9. Name and Address of Current Registered Agent
**RODRIGUEZ, JAVIER
19711 NW 52ND CT
MIAMI FL 33055**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), Florida Statutes, this above named corporation submits the 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 responsibility of the provisions of 607.15(8), Florida Statutes.

SIGNATURE _____
Signature of the person who is registered agent or the corporation's board of directors

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a. NAME	12b. ADDRESS	13a. NAME	13b. ADDRESS
12c. CITY	12d. STATE	13c. CITY	13d. STATE
12e. ZIP CODE	12f. PHONE	13e. CITY	13f. STATE
12g. NAME	12h. ADDRESS	13g. NAME	13h. ADDRESS
12i. CITY	12j. STATE	13i. CITY	13j. STATE
12k. ZIP CODE	12l. PHONE	13k. CITY	13l. STATE
12m. NAME	12n. ADDRESS	13m. NAME	13n. ADDRESS
12o. CITY	12p. STATE	13o. CITY	13p. STATE
12q. ZIP CODE	12r. PHONE	13q. CITY	13r. STATE
12s. NAME	12t. ADDRESS	13s. NAME	13t. ADDRESS
12u. CITY	12v. STATE	13u. CITY	13v. STATE
12w. ZIP CODE	12x. PHONE	13w. CITY	13x. STATE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. Further, I certify that the information is included in the annual report or supplemental annual report as true and accurate and that my signature shall keep the same report official and made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13, if it changed, or on an attachment with an address.

SIGNATURE: *Angelica Rodriguez* **5/3/96** **823 1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR