SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L02486

(3)

DIVERSIFIED ASSOCIATES TECHNOLOGY OF AMERICA INC

% JAVIER RODRIGUEZ 19711 NW 52ND CT MIAMI FL 33055

City & State

M:AMi

22

Principal Place of Business

15290 N.W. 60th AVE

RODRIGUEZ, JAVIER

19711 NW 52ND CT

MIAMI FL 33055

Principal Place of Business

Mailing Address

5901 NW 151 ST 102B

Mailing Address

P.O. 80%

Suite, Apt #, etc

MIAMI LAKE FL 33015 US

3.	Date Incorporated or Qualified	3a. Date of Last Report		
	07/14/1989	05/1	1/1995	
4.	FEI Number		Applied For	
	65-0130879		Not Applicable	
5.	Certificate of Status Desired	\$	8.75 Additional	

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 SEP - 6 PM 2: 35

		3 , 22, 31
City & State	tr,	6. Election Campai

MIAMI LAKES , +C

ign Financing Trust Fund Contribution This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

\$5.00 May Be Added to Fees

85 Zip Code

] Yes 🗹 No

Fee Required

33017-1125 USA 9. Name and Address of Current Registered Agent

26

27

28

81 Name

64 City

82

83

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

	1	<u> </u>
 Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. 	v t	the corporation's board of directors. Thereby accept the appointment as registered.

_		OFFICERS AND DIDECTORS	40	ADDITIONOUGHANCES T	O OFFICERS AND DIDECT	ODE IN 10
SIG	GNATURE	Stgnature, typed or printed name of registered agent and title if applicable	(NOTH Registered Agent signature required when	c reinstating)	DAIF	
	office or r	registered agent, or both, in the State of Florida. Such change am familiar with, and accept the obligations of, Section 607.05	was authorized by the corporation's b	oard of directors. Thereby	y accept the appointment a	s registered

	Signature, typed or printed name of registered agent and title i	Lapplicable (NOTE F	egistered Agent signature requir	ed when reinstating) DATE
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TIFLE	Change Addition
NAME	RODRIGUEZ, JAVIER		1.2 NAME	
STREET ADDRESS	19711 NW 52ND COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1 4 CITY - ST - ZIP	
TITLE	VP .	DELETE	2 1 TITLE	Change Addition
NAME	RODRIGUEZ, ANGELICA		2 2 NAME	
STREET ADDRESS	19711 NW 52ND COURT		2.3 STREET ADDRESS	700001946097
CITY-ST-ZIP	MIAMI FL		2 4 CITY - ST - ZIP	-09/12/9601093011
TITLE		DELETE	3 1 TITLE	-03/12/36 -01033011 ****375.00 *****375.00
NAME			3 2 NAME	4444401010100 444440100
STREET ADDRESS			3 3 STREET ADDRESS	
CITY - ST - ZIP			34 CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4 4 CITY - ST - ZIP	
TITLE		DELETE	51 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6 1 TITLE	Change Addit-on
NAME 🚣 🛂			6.2 NAME	
MEET A RESS	`		6 3 STREET ADDRESS	d ^^

CITY-ST-ZIP 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 ain an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR