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1996 APR 16 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L03857** **(4)**

1. Corporation Name

**MANUEL DIAZ MANUFACTURERS' REPRESENTATIVE INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 11473 SW 29 STREET<br>MIAMI FL 33165 | 11473 SW 29 STREET<br>MIAMI FL 33165 |

3. Date Incorporated or Qualified: 07/24/1989
3a. Date of Last Report: 01/13/1995

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 65-0132560 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAZ, MANUEL
11473 SW 29 ST
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: ANA [redacted] M. DIAZ
82 Street Address (P.O. Box Number is Not Acceptable): 11473 SW 29 ST
83
84 City: MIAMI FL 85 Zip Code: 33165

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: Ana Maria Diaz — 4/11/96
Sign above, type or print 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 | D | ☒ DELETE | 1.1 TITLE | ☑ Change ☐ Addition |
| NAME | DIAZ, MANUEL | | 1.2 NAME | |
| STREET ADDRESS | 11473 SW 29 ST. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | |
| TITLE | D | ☒ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | DIAZ, CARIDAD M. | | 2.2 NAME | |
| STREET ADDRESS | 11473 SW 29 ST. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | | 2.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 3.1 TITLE | Director ☑ Change ☐ Addition |
| NAME | | | 3.2 NAME | DIAZ, ANA MARIA |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | 11473 SW 29 ST |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | MIAMI FL |
| TITLE | | ☐ DELETE | 4.1 TITLE | Director ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | DIAZ, MARIA TERESA |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 11473 SW 29 ST |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | MIAMI FL |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | 200001782572 |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | -04/16/96--01113--013 |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | ****200.00 ****200.00 |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

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 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:** Ana Maria Diaz — Director — 4/11/96 — 221-9548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEE PAID 4/16/96