


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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L72827 (3)
1. Corporation Name
DIVERSIFIED STRATEGIC INVESTMENTS, INC.



Principal Place of Business 20801 BISCAYNE BLVD SUITE 302 MIAMI FL 33180	Mailing Address 20801 BISCAYNE BLVD SUITE 302 MIAMI FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1250 E Hallandale Beach Blvd Suite, Apt. #, etc. 22 Suite 809 City & State 23 Hallandale, FL Zip 24 33009		2a. Mailing Address 26 1250 E Hallandale Beach Blvd Suite, Apt. #, etc. 27 Suite 809 City & State 28 Hallandale, FL Zip 29 33009		3. Date Incorporated or Qualified 05/15/1990	
				4. FEI Number 65-0195971	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRYAN, ROBERT P.A. 815 N. RED RD., SUITE 201 MIAMI FL 33126		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1.1 TITLE	PTSD
NAME	LECHTER, ROBERT	1.2 NAME	LECHTER, ROBERT
STREET ADDRESS	20801 BISCAYNE BLVD., SUITE 302	1.3 STREET ADDRESS	1250 E. HALLANDALE BEACH BLVD. SUITE 809
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	D	2.1 TITLE	
NAME	LECHTER, ROBERT	2.2 NAME	
STREET ADDRESS	20801 BISCAYNE BLVD., SUITE 302	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 reports 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: _____ ROBERT LECHTER 4/16/98 954-453660

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