
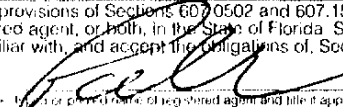
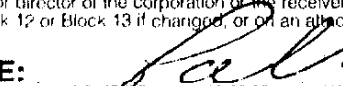


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L75775 (1)</b> 1. Corporation Name <b>DIA PREMIUM FINANCE CORPORATION</b>			
Principal Place of Business <b>263 NE 8TH ST HOMESTEAD FL 33030 US</b>		Mailing Address <b>263 NE 8TH ST HOMESTEAD FL 33030-4709 US</b>	
2. Principal Place of Business 21 <b>10691 N. Kendall Dr.</b> Suite, Apt. #, etc. 22 <b>Ste. #304</b> City & State 23 <b>Miami, Fl. 33176</b> Zip Country 24 <b>33176</b> 25		2a. Mailing Address 26 <b>10691 N. Kendall Dr.</b> Suite, Apt. #, etc. 27 <b>Ste. 304</b> City & State 28 <b>Miami, Fl. 33176</b> Zip Country 29 <b>33176</b> 30	
9. Name and Address of Current Registered Agent <b>DELVECCHIO, PATRICK F. 263 NE 8TH ST HOMESTEAD FL 33030</b>		10. Name and Address of New Registered Agent 81 Name <b>DELVECCHIO, PATRICK F.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>10691 N. KENDALL DR. STE. 304</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33176</b>	
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 TITLE <b>DP</b> <input type="checkbox"/> DELETE NAME <b>DELVECCHIO, PATRICK</b> STREET ADDRESS <b>263 NE 8TH ST</b> CITY- ST- ZIP <b>HOMESTEAD FL</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>DEL VECCHIO, PATRICK</b> 1.3 STREET ADDRESS <b>10691 N. KENDALL DR. STE. 304</b> 1.4 CITY- ST- ZIP <b>MIAMI, FL. 33176</b>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP	
14. I do 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)