SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L75841** (1)

1. Corporation Name
DIVERSIFIED FINANCIAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3250 MARY ST SUITE 206 MIAMI FL 33133	3250 MARY ST SUITE 206 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 3191 CORAL WAY	26 3191 CORAL WAY
Suite, Apt. #, etc. 22 SUITE 634	Suite, Apt. #, etc. 27 SUITE 634
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33145 Country 25 USA	Zip 29 33145 Country 30 USA

4. FEI Number: 65-0203135 ☐ 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

SUNSHINE, BARBARA K.
2395 DAVID BLVD.
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name: STEPHEN NOSTRAND
82 Street Address (P.O. Box Number is Not Acceptable): 7850 SW 86 ST
83: #18
84 City: MIAMI FL 85 Zip Code: 33143

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: Stephen Nostrand STEPHEN NOSTRAND 8/1/95
Signature, type or printed 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	CD	11 TITLE	PSCD	☒ Change ☐ Addition
NAME	NOSTRAND, STEPHEN D.	12 NAME	NOSTRAND, STEPHEN D.	
STREET ADDRESS	3250 MARY ST., SUITE 206	13 STREET ADDRESS	3191 CORAL WAY STE 634	
CITY-ST-ZIP	COCONUT GROVE FL	14 CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	21 TITLE	REMOVE MR.	☒ Change ☐ Addition
NAME	GEIGER, WILLIAM	22 NAME	GEIGER	
STREET ADDRESS	3250 MARY ST., SUITE 206	23 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Stephen Nostrand STEPHEN NOSTRAND 8/1/95 305 444-4230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

6030860 CP