

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M62534 (6)

1. Corporation Name

DIVERSIFIED INTERNATIONAL TRADING CO.



Principal Place of Business

**3301 NW 22ND TERRACE
POMPANO BEACH FL 33069**

Mailing Address

**3301 NW 22ND TERRACE
POMPANO BEACH FL 33069**

2. Principal Place of Business

2a. Mailing Address

21 **1020 NW 6TH STREET**

26 **1020 NW 6TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE G**

27 **SUITE G**

City & State

City & State

23 **DEERFIELD BEACH FL**

28 **DEERFIELD BEACH FL**

Zip

Country

Zip

Country

24 **33442**

25 **USA**

29 **33442**

30 **USA**

9. Name and Address of Current Registered Agent

**GRILLO, CAMILLE
3301 NW 22ND TERRACE
POMPANO BEACH FL 33069**

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent's name shall be retained when not changing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	OLKER, DENNIS	
STREET ADDRESS	3301 NW 22ND TERRACE	
CITY-STATE-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRILLO, CAMILLE	
STREET ADDRESS	3301 NW 22ND TERRACE	
CITY-STATE-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1	Joseph Roggera	
1	1020 NW 6TH STREET	
1	DEERFIELD BEACH, Florida 33442	
2		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2		
2		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2		
3		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3		
3		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3		
4		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4		
5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5		
5		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5		
6		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6		
6		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: *Camille Grillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Camille Grillo 3/29/96
DATE

CR2E034 (12/95)