


FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am  
Secretary of State

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ON 1/25/99

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N14295</b>					
1. Corporation Name <del>THE PATRIARCH INC.</del> <b>DIANOVA USA, INC.</b>					
Principal Place of Business 1725-27 NW 28 ST. MIAMI FL 33142			Mailing Address 450 WALKER VALLEY RD PINEBUSH NY 12566 US		



2. Principal Place of Business 21 <b>8142 BYRON AVENUE</b> Suite, Apt. #, etc. 22 <b>SUITE 5</b> City & State 23 <b>MIAMI BEACH, FL</b> Zip Country 24 <b>33141</b> 25 <b>DADE</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <b>04/09/1986</b> 4. FEI Number <b>65-0008668</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
9. Name and Address of Current Registered Agent <b>ENGELMAJER, FRANCOIS</b> <b>8200 BYRON AVENUE</b> <b>MIAMI BCH FL 33131</b>			10. Name and Address of New Registered Agent 81 Name <b>PEDRO VITAL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8142 BYRON AVE, APT 5</b> 83 84 City <b>MIAMI BEACH</b> <b>FL</b> 85 Zip Code <b>33141</b>		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **PEDRO VITAL** **01/20/1999**  
 Signature, typed 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	V	<input type="checkbox"/> DELETE	1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEROOVER, GIRO		1.2 NAME	COSTIL, MICHEL			
STREET ADDRESS	450 WALKER VALLEY RD		1.3 STREET ADDRESS	8142 BYRON AVENUE, SUITE 5			
CITY-ST-ZIP	PINEBUSH NY 12566		1.4 CITY-ST-ZIP	MIAMI BEACH, FL, 33141			
TITLE	DST	<input type="checkbox"/> DELETE	2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PRIETO, MARIO		2.2 NAME	DE ROOVER, GIRO			
STREET ADDRESS	450 WALKER VALLEY RD		2.3 STREET ADDRESS	450 WALKER VALLEY ROAD			
CITY-ST-ZIP	PINEBUSH NY 12566		2.4 CITY-ST-ZIP	PINE BUSH,			
TITLE	P/D	<input type="checkbox"/> DELETE	3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COSTIL, MICHEL		3.2 NAME	PRIETO, MARIO			
STREET ADDRESS	1725 NW 28 STREET		3.3 STREET ADDRESS	450 WALKER VALLEY ROAD			
CITY-ST-ZIP	MIAMI FL 33142		3.4 CITY-ST-ZIP	PINE BUSH, NY 12566			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	S/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LEAL, CRISTINA		4.2 NAME	LELAND D. BRECKENRIDGE JR.			
STREET ADDRESS	450 WALKER VALLEY RD		4.3 STREET ADDRESS	130 E 63 <sup>rd</sup> ST APT 3E			
CITY-ST-ZIP	PINEBUSH NY 12566		4.4 CITY-ST-ZIP	NEW YORK, NY 10021			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ENGELMAJER, MANUELA		5.2 NAME				
STREET ADDRESS	8200 BYRON AVENUE		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BCH FL 33131		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEGROS, RENE		6.2 NAME				
STREET ADDRESS	1725 NW 28 STREET		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33142		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF MANUELA ENGELMAJER** **01/20/1999** **914-733-5494**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)