


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

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91584 011 \*\*\*\*61.26

PROFIT CORPORATION ANNUAL REPORT <b>2001</b>		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N99000001602			
1. Corporation Name <b>D.I.A.F.A.N., INC</b>			
Principal Place of Business <b>1301 N.W. 31 AVE Miami, FL 33125</b>		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-1002001</b>	Applied For <input type="checkbox"/> Not Applied
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	29	30	

**A0070230**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03-15-1999**

9. Name and Address of Current Registered Agent <b>JOUBERT, FELIX M. 1301 N.W. 31 AVE Miami, FL 33125</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 Zip Code	
FL		87	
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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JOUBERT, FELIX M.	1.2 NAME	
STREET ADDRESS	1301 N.W. 31 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33125	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ARGENTINA, ALBA	2.2 NAME	
STREET ADDRESS	ALTOS JARDINES	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEGUCILPA, HONDURAS	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FLAMENCO, DANIEL	3.2 NAME	
STREET ADDRESS	ALTOS JARDINES	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEGUCILPA, HONDURAS	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 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, with all other like empowered.

SIGNATURE: **D. M. Joubert** **April 30 / 2001 - (305) 551-7302**