2003 FOR PROFIT CORPORATION

	03 FOR PROFI			FILED Apr 30, 2003 8:00 am Secretary of State
DOCU 1. Entity Nam	MENT # P0200	0103489	. / 69	Secretary of State 04-30-2003 90071 048 ***150.00
DIVA TRA	NDING, CORP.			
Principal Plac 255 EAST FL MIAMI FL 331	AGLER ST.	Mailing Address 255 EAST FLAGLER ST. MIAMI FL 33131		
2. Principal Place of Business 255 EAST FLAGLERS, 257 EAST FLAGUERS				
	#, etc. ITE: 70	Suite: Apt. #, etc. いろンフアを	470	CHECK HERE IF MAKING CHANGES
	AMI F		Z	74: FEI: Number Applied For
3313	Country DADC	Zip 23/3/	Country DADE	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent				
ZEBALLO		•		ress (P.O. Box Number is Not Acceptable)
255 EAST FLAGLER ST.				
MIAMI FL	33131		City	: FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Trans Choma Levalle &				
Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE \$ \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Social Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				
TITLE	PD : :	Delete	Table 1	□ Obsess □ Add@os
NAME . STREET ADDRESS	ZEVALLOS, MARIA 255 EAST FLAGLER ST. #70	·	NAME STREET ADDRESS	Zevallos, Maria E. Change Audolich
CITY-ST-ZIP	MIAMI FL 33131	; 	CITY-ST-ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>
TITLE NAME	VD Valdiviezo, Marisol	Delete	TITLE NAME	Change Addition CARUS
STREET ADDRESS CITY-ST-ZIP	255 EAST FLAGLER ST. 777 MIAMI FL 33131	,	STREET ADDRESS CITY-ST-ZIP	VALDIVIETO, CARLOS 255 EAST FLAGLER ST # 70 MIAMI FL 33131
TITLE NAME		☐ Delete	TITLE	Change Addition
STREET ADDRESS CITY-ST-ZIP	,		STREET ADDRESS CITY-ST-ZIP	:
TITLE		☐ Delete	TITLE	. Change Addition
NAME STREET ADDRESS		•	NAME STREET ADDRESS	
CITY-ST-ZIP		,	CIT: -ST-ZIP	
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
NAME	· ·	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP	·
indicated of the cor	on this report or supplemental report is t	rue and accurate and that makered to execute this report.	ny signature shall have as required by Chapte	in Section 119.07(3)(i), Florida Statutes. I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if