

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000030619 (9)

1. Corporation Name
DIVERSVEST II, INC.

Principal Place of Business

2090 S. NOVA RD.
SUITE 223
S. DAYTONA FL 32119
US

Mailing Address

P. O. BOX 2992
ORMOND BEACH FL 32175
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/27/1993		08/01/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-3179500		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26		31		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30		Yes No	
27		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30		Yes No	
28		33		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
29		34		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
30		35		AVENA, JOSEPH G		2090 S. NOVA Rd # 223	
31		36		83 City		S. Daytona	
32		37		84 Zip Code		FL 32119	

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	PS	[] DELETE		1.1 TITLE	[] Change [] Addition		
NAME	AVENA, JOSEPH G.			1.2 NAME			
STREET ADDRESS	1420 NEW BELLEVUE AVE., APT. 2112			1.3 STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BCH. FL			1.4 CITY-ST-ZIP			
TITLE	VT	[] DELETE		2.1 TITLE	[] Change [] Addition		
NAME	AVENA, GERARD			2.2 NAME			
STREET ADDRESS	32 TULA DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PT. ORANGE FL 32119			2.4 CITY-ST-ZIP			
TITLE		[] DELETE		3.1 TITLE	[] Change [] Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		[] DELETE		4.1 TITLE	[] Change [] Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		[] DELETE		5.1 TITLE	[] Change [] Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		[] DELETE		6.1 TITLE	[] Change [] Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: _____

CR2E034 (4/97)