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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000061831 (2)

DIAMOND TRAVEL, INC.

Principal Plac	e of Business	Mailing Address	·) DAJON (ADD) TOTOM (ATOM FIEL ADD)
14 NE FIRST SUITE 1209 MIAMI FL 33		14 NE FIRST AVE SUITE 1209 MIAMI FL 33132		DO NOT WRITE IN TH	IIS SPACE
U\$		US		3. Date Incorporated or Qualified 09/03/1993	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	JI at	26		65-0437766	Not Applicable
Suite, Apt	#, 8tC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	Ө	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	├──¬	30	8. This corporation owes or has paid the Personal Property Tax due June 30.	ves No
	9. Name and Address of Curren			10. Name and Address of New Register	
KH	IAN, ABID G	HAN. ARID G.			
14 NE FIRST AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 301				J.P. 1ST KUBBUE	
Mi/	AMI FL 33132		83 Sur	१६ ।२०९	
			84 City	PH) F	85 Zip Code
11, Pursuant	to the provisions of Sections 607.0502	poration submits this statement for the purpos			
11. Pursuant to the provisors 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 unique expecting sof, Section 607.0505, Florida Statutes.					
SIGNATURE					
<u></u>	Signature, typed or printed name of region red ago:		Registered Agent signature requ	red when reinstating) DAT	E
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	KHAN, ABID G	L"] DETEIG	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	14 NE 1ST AVE., STE. 1209		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	DV	DELETE	2.1 TITLE		Change Addition
NAMÉ	TEPEDINO, CARLOS		2.2 NAME		
STREET ADDRESS	14 NE 1ST AVE., STE. 1209		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	<u> </u>	
TITLE	DS .	☐ DELETË	3.1 TITLE		Change Addition
NAME	TEPEDINO, LORETTA		3.2 NAME		
STREET ADDRESS	14 NE 1ST AVE., STE. 1209 MIAMI FL		3.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	DT	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	The state of the s	Change Addition
NAME	TEPEDINO, MARIA	La Dittil	4.2 NAME		C CHARGE C AUGUST
STREET ADDRESS	14 NE 1ST AVE., STE. 1209		4.3 STREET ADDRESS		
CITY+ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	ĎΤ	☐ DELETE	5.1 TITLE		Change Addition
NAME	KHAN, BEATRIZ		5.2 NAME		
STREET ADDRESS	14 NE 1ST AVE., STE. 1209		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	- I occure	5.4 CiTY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME DESCRIPTION			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 unan attachment with an address.