

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000071660 (3)**

1. Corporation Name
JOSE A. DIAZ PLS., INC.

Principal Place of Business

7801 CORAL WAY
SUITE 123
MIAMI FL 33155

Mailing Address

7801 CORAL WAY
SUITE 123
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/15/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0445569** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaigns Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**DIAZ, JOSE A
7801 CORAL WAY
SUITE 123
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

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 of Registered Agent (Required)

Signature of Registered Agent (Required)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 NAME
11.2 STREET ADDRESS
11.3 CITY, ST, ZIP

**D
DIAZ, JOSE A
7801 CORAL WAY, SUITE 123
MIAMI FL 33155**

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY, ST, ZIP

Change Addition

11.1 NAME
11.2 STREET ADDRESS
11.3 CITY, ST, ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY, ST, ZIP

Change Addition

11.1 NAME
11.2 STREET ADDRESS
11.3 CITY, ST, ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY, ST, ZIP

Change Addition

11.1 NAME
11.2 STREET ADDRESS
11.3 CITY, ST, ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY, ST, ZIP

Change Addition

11.1 NAME
11.2 STREET ADDRESS
11.3 CITY, ST, ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY, ST, ZIP

Change Addition

11.1 NAME
11.2 STREET ADDRESS
11.3 CITY, ST, ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY, ST, ZIP

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person or persons empowered to make up this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

305 2679016