

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

Sep 17 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000071660 (3)**  
 1. Corporation Name  
**JOSE A. DIAZ PLS., INC.**



Principal Place of Business <b>7801 CORAL WAY SUITE 123 MIAMI FL 33155</b>	Mailing Address <b>7801 CORAL WAY SUITE 123 MIAMI FL 33155</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/15/1993</b>		3a. Date of Last Report <b>06/25/1996</b>	
4. FEI Number <b>65-0445569</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Principal Place of Business 21 <b>7331 CORAL WAY</b> Suite, Apt. #, etc. 22 <b>263</b>	2a. Mailing Address 26 <b>7331 CORAL WAY</b> Suite, Apt. #, etc. 27 <b>263</b>	23 City & State <b>MIAMI, FLORIDA</b>	28 City & State <b>MIAMI, FLORIDA</b>
24 <b>33155</b>	25 <b>U.S.A</b>	29 <b>33155</b>	30 <b>U.S.A</b>

9. Name and Address of Current Registered Agent <b>DIAZ, JOSE A 7801 CORAL WAY SUITE 123 MIAMI FL 33155</b>				10. Name and Address of New Registered Agent			
81 Name <b>DIAZ, JOSE A.</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>7331 CORAL WAY</b>		83 <b>SUITE 263</b>		84 City <b>MIAMI</b>	
		85 <b>FL</b>		86 Zip Code <b>33155</b>			

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 \_\_\_\_\_ DATE **9/11/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DIAZ, JOSE A 7801 CORAL WAY, SUITE 123 MIAMI FL 33155</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DIRECTOR, PST DIAZ, JOSE A. 7331 CORAL WAY, SUITE 263 MIAMI, FLORIDA 33155</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \_\_\_\_\_ DATE **9/11/97** (205) 267 9011

CR2E034 (4/97)