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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000072664 (4)

DIAMOND DATABASE SYSTEMS. INC.

Principal Place of Business	Mailing Address	
10901 SW 140TH AVENUE	10901 SW 140TH AVENUE	
MIAMI FL 33186	MIAMI FL 33186	3. Date Inco
		10/13/ 4. FEI Numb
2. Principal Place of Business	2a. Mailing Address	
21	26	65-04
Suite Ant # etc	Suite, Apt. #. etc.	

FILED Mar 24 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE orporated or Qualified <u> 1993</u> Applied For Not Applicable 42538 \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip 8. This corporation owes or has paid the current year Intangible Country Zip ☐ Yes Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SCHNEIDER, THOMAS L 10901 SW 140TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 84 85 Zip Code City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change ☐ Addition 11 TITLE TITLE SCHNEIDER, THOMAS L 12 NAME NAME 10901 SW 140 AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY ST ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADORESS 6.4 CITY-ST-ZIP CITY-S1-ZIP

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 on an attachment with ap address.

CICNATURE.

3/10/02 305 782 3299