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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000083508 (0)**

DIANE'S GENERAL ENTERPRISES, INC.

2960 SW 11TH ST 2980 SW 11TH ST MIAMI FL 33135-4706 MIAMI FL 33135 3. Date Incorporated or Qualified 3a. Date of Last Report 11/29/1993 04/18/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0459067 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zio This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No Florida Statutes 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name CRUZ, ARNALDO JR 2960 SW 11TH ST Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33135** 83 84 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stignative itypection printed mone of regularical agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE CRUZ, ARNALDO JR 1.2 NAME NAME 2960 SW 11TH ST 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33135** 1.4 CITY~ST-7IP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - 7IP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFTE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-\$1-7P 4.4 CITY-ST-ZIP Addition DELETE Change 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIF Change Addition □ DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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), Fiorida 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

SIGNATURE:

HINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPES

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1-8-97 (305) 541-6494
Dayline Phone 1

(96/6) (96/6)

FILED

Jan 15 1997 8:00am

Secretary of State