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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P94000020414 DOCUMENT

Corporation Name

H.B. DIAZ & ASSOCIATES, INC.

Principal Place of Business 3433 CORONADO DR	Mailing Address 3435 CORONADO DR SUITE 1715
SARASOTA EL 34231 US	Sarasota)fl 34231 US
2. Principal Place of Business 21 4079 BASSWOOD DR.	2a. Mailing Address 26 4079 BASSWOOD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED Apr 07, 1999 8:00 am Secretary of State

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Finicipal Flace	of Dusiness								
3433 CORONAD	O DR	3433 CORDINADO DR							
#1715		SUITE 1745				DO NOT W	RITE IN TH	IIS SPACE	
SARASOTA EL S	34231	SARASOTA\FL 34231			3 Date in	corporated or Qualife			
us '	•	US				1/1994	~		
_					4. FEI Nu			T	plied For
2. Principal Pla	ace of Business	2a. Mailing Address	_	•	1 "				ot Applicable
21 4079	RASWOOD DR.	26 4079 BAS	<u>5 WOOD</u>	<u>De</u>	. NOI	<u>APPLICABLE</u>	·		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifca	ate of Status Desired	\ Z i		Additional equired
22		27				****	_/_		
City & State	-	City & State		_		n Campaign Financin	g 🗆		May Be
23 SARA	SOTA, FL	28 SARASOTA	1-6	<u>-</u>		und Contribution			to Fees
Zip	Country //CA	Zip	Country		8. This co	orporation owes the co	urrent year		
24 3423) 25	29 <i>34-231</i>	30 L	15A		nal Property Tax.		☐ Yes	□No
27 60	9. Name and Address of Current	Registered Agent			10. Name	and Address of Nev	v Register	ed Agent	
			81	Name					
DIAZ	, RAFAEL O		1		-1 (D.O. Bay	Alumbar is Not Acce	ntahla)		
	ESCOBAR AVENUE		82	Street A	daress (P.O. box	x Number is Not Acce	plable)		
	AL GABLES FL 33134		83						
001	AL CABLEO I E GOTOT		"	1					
			84	City				EL 85 Zip	Code
				1					rogistered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State or	and 607.1508, Florida Statute	es, the abov	/e-named C	corporation submi	its this statement for the directors. I hereby acc	cept the ap	pointment as re	gistered
	egistered agent, or both, in the State of m familiar with, and accept the obligation				1200110 00012 -	,	, ,	•	1
agent o	in familiar with, and cooperate congen								1
SIGNATURE	Stonature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Age		quired when reinstating))	DATE		
	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	: Registered Age		ADDITIO	ONS/CHANGES TO		AND DIRECTO	ORS IN 12
12.	OFFICERS AND				ADDITION ADDITION	ONS/CHANGES TO	OFFICERS		ORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	ent signature re	ADDITION ADDITION	ONS/CHANGES TO	OFFICERS	AND DIRECTO	ORS IN 12
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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 of nustee 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 attaching with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS