

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000042839

1. Corporation Name

DHIR INVESTMENTS FLORIDA INC.

Principal Place of Business

1925 BRICKELL AVE.
SUITE D-206
MIAMI FL 33129

Mailing Address

1925 BRICKELL AVE.
SUITE D-206
MIAMI FL 33129

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BESU, ROGER
1925 BRICKELL AVE.
SUITE D-206
MIAMI FL 33129

81 Name

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

83

84 City

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. The duly accepted 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 title if applicable

(607) Registered Agent Separation (p. 1) Enter below:

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

[] DELETE

NAME

RIO VAQUERO, FRANCISCO

STREET ADDRESS

PASEO DE YESERIOS

CITY-ST-ZIP

28005 MADRID SPAIN

TITLE

VPSD

[] DELETE

NAME

ESTEBARAN, MARIA DEL ROCIO

STREET ADDRESS

PASEO DE YESERIOS

CITY-ST-ZIP

28005 MADRID SPAIN

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

100002823051--3

-03/30/99--01029--006

****150.00 [] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FCORios

3-18-99

(305) 854-6363

DATE OF FILING OFFICER OR DIRECTOR

RECEIVED
99 MAR 22 11:10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/08/1994
4. FEI Number
65-0502838
5. Certificate of Status Desired [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax [] Yes [] No
10. Name and Address of New Registered Agent

0183667

CR2E034 (11/98)