FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 15 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049462

1. Corporation Name

DIVERSIFIED FINANCIAL AND REALTY SERVICES, INC.

Principal Place of Business	Mailing Address
1581 Brickell Avenue Suite 1203 Miami, Florida 33129	same

3. Date Incorporated or Qualified: 8/12/94 | 3a. Date of Last Report:

2. Principal Place of Business — 21: same as above | 2a. Mailing Address — 26: same as above

4. FEI Number: 59-3258120 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: | Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23: | City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24: | Country — 25: | Zip — 29: | Country — 30:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Jackson McDaniel
1581 Brickell Avenue
Suite 1203
Miami, Florida 33129

10. Name and Address of New Registered Agent

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 Section 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.

XX SIGNATURE: Jackson McDaniel (Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	Pres./Dir. ☐ DELETE	11 TITLE	☐ Change ☐ Addition
02 NAME	Jackson McDaniel	12 NAME	
03 STREET ADDRESS	1581 Brickell Avenue, Suite 1203	13 STREET ADDRESS	600002180236--2
04 CITY-ST-ZIP	Miami, Florida 33129	14 CITY-ST-ZIP	-05/15/97--01072--009
05 TITLE	☐ DELETE	21 TITLE	****165.00 ☐ Change ☐ Addition
06 NAME		22 NAME	
07 STREET ADDRESS		23 STREET ADDRESS	
08 CITY-ST-ZIP		24 CITY-ST-ZIP	
09 TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY-ST-ZIP		34 CITY-ST-ZIP	
13 TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY-ST-ZIP		44 CITY-ST-ZIP	
17 TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY-ST-ZIP		54 CITY-ST-ZIP	
21 TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY-ST-ZIP		64 CITY-ST-ZIP	

05-15-97

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 X in Block 13.

XX SIGNATURE: Jackson McDaniel 5/14/97 305-860-8778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone#