

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90002 028 ***550.00

DOCUMENT # **P94000049462**

1. Corporation Name

DIVERSIFIED FINANCIAL AND REALTY SERVICES, INC.



Principal Place of Business

**1581 BRICKELL AVENUE
SUITE 1203
MIAMI FL 33129
US**

Mailing Address

**1581 BRICKELL AVENUE
SUITE 1203
MIAMI FL 33129
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1994

4. FEI Number

59-3258120

Applied For

Not Applicable

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.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.
Suite 1007

2a. Mailing Address

26 Suite, Apt. #, etc.
Suite 1007

22 City & State

23 Zip Country
24 **25**

27 City & State

28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**MCDANIEL, JACKSON
1581 BRICKELL AVENUE
SUITE 1203
MIAMI FL 33129**

10. Name and Address of New Registered Agent

81 Name

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

83 Suite 1007

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. 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-7-99

12. OFFICERS AND DIRECTORS

TITLE **PO** ☐ DELETE

NAME **MCDANIEL, JACKSON**
STREET ADDRESS **1581 BRICKELL AVENUE, STE 2008**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE **VSD** ☐ DELETE

NAME **GARNO, JEFFREY**
STREET ADDRESS **1581 Brickell Ave, Suite 1007**
CITY-ST-ZIP **Miami, FL 33129**

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1581 Brickell Ave, Suite 1007**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS **VSD GARNO, JEFFREY**
2.4 CITY-ST-ZIP **1581 Brickell Ave, Suite 1007**
Miami, FL 33129

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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, or on an attachment with an address.

SIGNATURE: **Jackson McDaniel, Pres. 9-7-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)