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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000039015 (9)

DIAMO	ND C/C CO	RP.									
Principal Plac	e of Business		Ma	iling Address				- I FROLIDOL IND IDIOL BILLI BOLLI BELLI BULLE LILIN			AN THI HOU
5610 E. COLONIAL DR 5610 E. COLONIAL DR ORLANDO FL 32807 ORLANDO FL 32807								DO NOT WRITE IN THIS S	SPACI	F	
i								3. Date Incorporated or Qualified			
								05/15/1995			
2. Principal F	Place of Busines	ss	28.	2a. Mailing Address				4. FEI Number	\neg	Ar	oplied For
21			26	26				59-3324373			ot Applicable
Suite, Apt.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & Stat	б			City & State				6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution			to Fees
Zip	Country			Z ₁ ρ				8. This corporation owes or has paid the curr		-	
24	25			29 30					Yes		No
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Registered	(Seur		
	MOND, PHILI 5 S ORANGE				Ľ	31					
		8	32	Street Addr	ress (P.O. Box Number is Not Acceptable)						
	ITE 1600 LANDO FL 32	10/14			a	13					
"	DUNDO PL 32	1001									
					8	14	City	FL	85	Zip	Code
11. Pursuant	to the provision	s of Sections 607.	0502 and 60	7.1508, Florida Statu	tes, the abo	L	-named corp	poration submits this statement for the purpose of	LLLI chan/	aina it	s registered
office or r	registered agen im familiar with	t, or both, in the St	ate of Florida	a Such change was Section 607,0505, Fi	authorized	by les	the corporati	ion's board of directors. I hereby accept the app	ointme	žnt as	registered
SIGNATURE	The second second	and accopy the co	ngarano en	000001100110000111	o lou olulo						
SIGNATORE	Signature, typed or p	ount ed n ame of registered	agent and title if	applicable (NO	II Fingistereo A	Agan	nt signature require	ed when reinslating) DATE			
12.		OFFICERS	and direc		13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	0			☐ DELETE	1,1 1111.6	Ε			∐ Ch	iange	Addition
NAME	DIAZ, STE				1.2 NAM						
STREET ADDRESS		168TH STREET					ADDRESS				
CITY-ST-ZIP TITLE	MAMIFL 3	13013		DELETE	1.4 CITY	_	- ZIP		☐ Ch		Addition
[2.1 TITLE 2.2 NAM		1			танус	ABURIUN
NAME STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					2.4 CITY						
TITLE				DELETE	3.1 TITLE		1-14		☐ Ch	nanoe	Addition
NAME					3.2 NAM				_	·	
STREET ADDRESS					3 3 STAE	ET A	ADDRESS				
CITY-ST-ZIP					3.4. CITY	-ST	r- Z IP				
TITLE				DELETE	4.1 TITLE				☐ Ch	ange	Addition
NAME					4. 2 NAM	4E					
STREET ADDRESS		•			4.3 STRE	ET A	ADDRESS				
CITY+ST-ZIP	·				4.4 CITY	- 51	- ZIP				
TITLE		•		DELETE	5.1 TITLE	E	J		☐ Ch	iange	Addition
NAME					5.2 NAMI						
STREET ADDRESS					5.3 STRE						
CITY-ST-ZIP				DELETE	5.4 CITY		- ZiP		- A		Addica-
TITLE				DELETE	6.1 TITLE				Ch	ange	Addition
NAME					6.2 NAMI						
STREET ADDRESS					■ 6.3 STRE	t i A	ADDRESS				

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 attackment with an address.

FILED

Feb 18 1998 8:00am

Secretary of State