

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000089675 (9)

1. Corporation Name

DIAMOND MOTOR, CORP.



Principal Place of Business

999 WEST LANCASTER ROAD
UNIT #3
ORLANDO FL 32859

Mailing Address

999 WEST LANCASTER ROAD
UNIT #3
ORLANDO FL 32859

3. Date Incorporated or Qualified
11/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 5515 South Orange Blossom Tr.

2a. Mailing Address

26 5515 South Orange Blossom Tr.

4. FEI Number
59-33-4288-8

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 Orlando FL

City & State

28 Orlando FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 32839

Zip

Country

29 32839

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN X
999 WEST LANCASTER ROAD
UNIT #3
ORLANDO FL 32859

10. Name and Address of New Registered Agent

81 Name

Torres, Cynthia

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

1214 Keats Ave.

83

84 City

Orlando

FL

85 Zip Code

32809

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

Cynthia Torres

Cynthia Torres

8-2-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, JUAN X	
STREET ADDRESS	11602 PURPLE LILAC COURT	
CITY - ST - ZIP	ORLANDO FL 32837	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALDERON, MELVI E	
STREET ADDRESS	4306 CONTINENTAL BLVD	
CITY - ST - ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ACEVEDO, CARLOS H	
STREET ADDRESS	10402 FLOWERS AVENUE	
CITY - ST - ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Torres, Cynthia	
1.3 STREET ADDRESS	1214 Keats Ave	
1.4 CITY - ST - ZIP	Orlando FL 32809	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Zapata, Luz Yolanda	
2.3 STREET ADDRESS	843 Sky Lake Circle	
2.4 CITY - ST - ZIP	Orlando FL 32809	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Cynthia Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-96

DATE

(401) 855-5503

TELEPHONE #

CR2E034 (12/95)