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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000094294 (2)

1. Corporation Name

DYAGRAMMA COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

3084 SW 37th AVE
APT 27
COCONUT GROVE, FL. 33133

SAME

3. Date Incorporated or Qualified
12/12/1995

3a. Date of Last Report

2. Principal Place of Business

21 8328 NW 74th STREET

Suite, Apt. #, etc.

22

City & State

23 MEDLEY

Zip

24 33166

Country

25 DADE

2a. Mailing Address

26 8328 NW 74th STREET

Suite, Apt. #, etc.

27

City & State

28 MEDLEY

Zip

29 33166

Country

30 DADE

4. FEI Number

65-0638250

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NASCIMENT, JACQUES D.
3084 SW 27th AVE
APT 27
COCONUT GROVE, FL. 33133

10. Name and Address of New Registered Agent

81 Name IVAN EUCLIDES LEAL

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

83 8328 NW 74th STREET

84 City MEDLEY

FL

85 Zip Code 33166

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

IVAN EUCLIDES LEAL

04/10/96

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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 P.D. IVAN E. LEAL

1.3 STREET ADDRESS 8328 NW 74 ST

1.4 CITY - ST - ZIP MEDLEY, FL. 33166

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V.D. ELY d'AVILA LEAL

2.3 STREET ADDRESS 8328 NW 74 ST

2.4 CITY - ST - ZIP MEDLEY, FL. 33166

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME S.D. IVAN LUIS d'AVILA LEAL

3.3 STREET ADDRESS 8328 NW 74 ST

3.4 CITY - ST - ZIP MEDLEY, FL. 33166

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 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:

IVAN EUCLIDES LEAL

04/10/96

(305)863-8919

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (12/95)