

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

FILED

99 MAR 30 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0128263

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P96000018385

1. Corporation Name  
DIVERSIFIED ENTERPRISE OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4410 W. 16 AVE., SUITE 5-123  
MIAMI FL 33012

Mailing Address  
4410 W. 16 AVE., SUITE 5-123  
MIAMI FL 33012

21	2a
6187 NW 167st	4410 W. 16 Ave,
Suite, Apt #, etc.	Suite, Apt #, etc.
22 Suite 19-H	27 Suite 5-123
City & State	City & State
23 Miami Lakes, Fl.	28 Hialeah, Fl.
Zip	Zip
24 33015	29 33012
Country	Country
25 US	30 US

3. Date Incorporated or Qualified  
02/26/1996

4. FEI Number  
59-3515416

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 Tax  Yes  No

9. Name and Address of Current Registered Agent

EMILY, MUK  
4410 W. 16 AVE., SUITE 5-123  
MIAMI FL 33012

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

GIOVANNI CASANOVA  
6187 NW 167 St Suite 19H  
MIAMI LAKES FL 33015

11. Pursuant to the provisions of Sections 607.0507 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT
NAME	EMILY, MUK	12 NAME	GIOVANNI CASANOVA
STREET ADDRESS	4410 W. 16 AVE., SUITE 5-123	13 STREET ADDRESS	6187 NW 167 St. Suite 19-H
CITY-ST-ZIP	MIAMI FL 33012	14 CITY-ST-ZIP	MIAMI LAKES, FL. 33015
TITLE	VP	21 TITLE	EMILY MUK
NAME	KO, TOA C	22 NAME	VP
STREET ADDRESS	4410 W. 16 AVE. SUITE 5-123	23 STREET ADDRESS	6187 NW 167 St. Suite 19-H
CITY-ST-ZIP	MIAMI FL 33012	24 CITY-ST-ZIP	MIAMI, LAKES, FL. 33015
TITLE		31 TITLE	Roberto CASANOVA
NAME		32 NAME	SECRETARY
STREET ADDRESS		33 STREET ADDRESS	6187 NW 167 St. Suite 19-H
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI LAKES, FL. 33015
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

100002824791--3  
03/31/99-01002-002  
\*\*\*150.00 \*\*\*150.00

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, with all other like empowered

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 (305)  
REGISTER MAR 31 1999

CRZE034 (11/98)