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

**PROFIT** CORPORATION **ANNUAL REPORT** 

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000049946** (2)

DIAZ PROPERTY & INVESTMENTS, INC.

Principal Place of Business Mailing Address 7235 PLUTO AVENUE 7235 PLUTO AVENUE 0000A FL 32927 COCOA FL 32827-2838 3. Date Incorporated or Qualified 3a. Date of Last Report 06/11/1996 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 2822 WANDA P.O. Box 6702 59-3392358 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May 8e Added to Fees Titusuill Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DIAZ, SAUL M Name 7235 PLUTO AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32927** WANDA DR. 83 84 City Zip Code 85 32796 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. 14, W. e of registered agent and title if a (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTO 13. (96/6) DELETE Change Addition TITLE 1.111111 DIAZ, SAUL M 1.2 NAME 7235 PLUTO AVENUE STREET ADDRESS 1.3 STREET ADDRESS **COCOA FL 32927** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 THUE DIAZ, MISSY L NAME 2.2 NAME 7235 PLUTO AVENUE STREET ADDRESS 2.3 STREET ADDRESS **COCOA FL 32927** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1.1(1) NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CHY-ST-ZIP DELETE Change Addition 4.1 THUE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE 61 HTLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP

14. To hereby certify that the information supplied with this filling 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 it 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.

**FILED** 

Apr 21 1997 8:00am

Secretary of State