

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000092349 (5)**  
1. Corporation Name  
**DIM-VIZCAYA, INC.**



Principal Place of Business <b>1650 SE 17TH ST STE 310 FORT LAUDERDALE FL 33316</b>	Mailing Address <b>1650 SE 17TH ST STE 310 FORT LAUDERDALE FL 33316-1735</b>
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3. Date Incorporated or Qualified <b>11/12/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0710227</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent <b>DANE, JAN W 1650 SE 17TH ST STE 310 FORT LAUDERDALE FL 33316</b>	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANE, JAN W</b>	1.2 NAME	<b>JAN W. DANE</b>
STREET ADDRESS	<b>1650 SE 17TH ST STE 310</b>	1.3 STREET ADDRESS	<b>1650 S. E. 17TH STREET, #310</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	1.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33316</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSS, BARRY</b>	2.2 NAME	<b>BARRY ROSS</b>
STREET ADDRESS	<b>10021 PINES BLVD. STE 101</b>	2.3 STREET ADDRESS	<b>10021 PINES BLVD, #101</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	2.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33024</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>A. S. BELT III</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>1650 S. E. 17TH STREET, #310</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33316</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 or is changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1/6/97** PHONE: **954-523-2070**

CR2E034 (9/96)