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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

DOCUMENT # P96000092349 (5)

1. Corporation Name
DIM-VIZCAYA, INC.



Principal Place of Business
1650 SE 17TH ST STE 310
FORT LAUDERDALE FL 33316

Mailing Address
1650 SE 17TH ST STE 310
FORT LAUDERDALE FL 33316-1735

3. Date Incorporated or Qualified 11/12/1996	3a. Date of Last Report
4. FEI Number 65-0710227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent

DANE, JAN W
1650 SE 17TH ST STE 310
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

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

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	D	1.1 TITLE	P
NAME	DANE, JAN W	1.2 NAME	JAN W. DANE
STREET ADDRESS	1650 SE 17TH ST STE 310	1.3 STREET ADDRESS	1650 S.E. 17TH STREET, #310
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D	2.1 TITLE	S
NAME	ROSS, BARRY	2.2 NAME	BARRY ROSS
STREET ADDRESS	10021 PINES BLVD. STE 101	2.3 STREET ADDRESS	10021 PINES BLVD, #101
CITY-ST-ZIP	PEMBROKE PINES FL 33024	2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE		3.1 TITLE	VP
NAME		3.2 NAME	A. J. BELT III
STREET ADDRESS		3.3 STREET ADDRESS	1650 S.E. 17TH STREET, #310
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 954-523-2070
Daytime Phone #

CR2E034 (9/96)