

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 1650 SE 17TH ST STE 310 FORT LAUDERDALE FL 33316	Mailing Address 1650 SE 17TH ST STE 310 FORT LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Financial Plaza	26	Financial Plaza	11/12/1996	
Suite, Apt. #, etc. 22 Suite # 2001		Suite, Apt. #, etc. 27 Suite # 2001		4. FEI Number 65-0710227	
City & State 23 Fort Lauderdale FL		City & State 28 Fort Lauderdale FL		Applied For Not Applicable	
24	Zip 33394	25	Country Broward	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29	33394	30	Broward	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DANE, JAN W 1650 SE 17TH ST STE 310 FORT LAUDERDALE FL 33316				81 Name Dane, Jan W			
				82 Street Address (P.O. Box Number is Not Acceptable) Financial Plaza			
				83 Suite # 2001			
				84 City Fort Lauderdale FL			
				85 Zip Code 33394			

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 Jan W. Dane, President DATE 03-11-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANE, JAN W			1.2 NAME	Dane, Jan W		
STREET ADDRESS	1650 SE 17TH ST STE 310			1.3 STREET ADDRESS	1 Financial Plaza Ste 2001		
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33394		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, BARRY			2.2 NAME	Ross, Barry		
STREET ADDRESS	10021 PINES BLVD. STE 101			2.3 STREET ADDRESS	1 Financial Plaza Ste 2001		
CITY-ST-ZIP	PEMBROKE PINES FL			2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33394		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELT, AJ III			3.2 NAME	Belt, AJ III		
STREET ADDRESS	1650 SE 17TH ST #310			3.3 STREET ADDRESS	1 Financial Plaza Ste 2001		
CITY-ST-ZIP	FT LAUDERDALE FL			3.4 CITY-ST-ZIP	Ft. Lauderdale FL 33394		
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 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 address.

SIGNATURE: [Signature] DATE: 03-11-98 (95A)523-2070

CP2E034 (10/97)