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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000099952 (9)

DIVISA EXCHANGE, INC.

Principal Place of Business

Mailing Address

## FILED Mar 04 1997 8:00am Secretary of State



9281 NW 21 MANOR SUNRISE FL 33322		9291 NW 21 MANOR SU <del>N</del> RISE FL 33322-9719						
					3. Date Incorporated or Qualified 12/11/1996	3a. Date of La	st Report	
	lace of Business	2a. Mailing Address	11	0	4. FEI Number		Applied For	
	Collins Ave	26 3100 000	41781	WE.	65-07/7702		Not Applicable	
Surte, Apt. #, etc. Suite, Apt. 22 /0 0 / 27 /00/			21		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State 23 M /A	MI BEACH, FL	City & State 28 11 19 11	BEACH	-1 Fe	Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees	
24 33/4	40 25 USA	29 33/40	Country 30 USA	1		Yes 🔲 No	ler s. 199.032,	
<b></b>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	latered Agent		
E .	EZ, GERMAN J		81 Na	me				
928 NW 21 MANOR SUNRISE FL 33322				82 Street Address (P.O. Box Number is Not Acceptable)				
Ļ			63					
			84 Cit	y		FL 85	Zip Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was	authorized by the	ned corpo corporatio	oration submits this statement for the pron's board of directors. I hereby accep	urpose of changi t the appointmen	ng its registered it as registered	
SIGNATURE	<u>.</u>	7.70	· .			DATE		
12.	Say atom hypera or principles of content agent OFFICERS AND		TE: Registered Agent sign	ature require	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	TORS IN 12	
TILL	D	DELETE	1.1 TITLE	<b>(~)</b>	= CD = TAO I	Cha	nge Addition	
NAME.	LOPEZ, GERMAN J		1.2 NAME	200	MUES LOPE	>		
	9281 NW 21 MANOR		13 STREET ADDRI	T	100 0016	hr d	Evano!	
City-St Zip	SUNRISE FL 33322		1.4 CITY-ST-ZIP	~  <b>6</b> 5	ADDITIONS/CHANGES TO OFFICE  COETHRY  MUER LOPE  100 COKKING  0 100 COKKING		33/1/2	
1011	ODITION 1 E GOOLE	DELETE	21 TIFLE		19:00 miles	Cha	nge Addition	
NAME			2 2 NAME	- }				
STREET ADORESS			2.3 STREET ADDRE	22:				
CITY-S' ZIP			2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE			Cha	nge Addition	
NAME I			3.2 NAME	1		<del></del> · · ·		
STREET ADDRESS			3.3 STREET ADDRI	ss				
City - St - ZiP			3.4. City-St-ZiP					
THLE		☐ DELETE	4.1 TITLE			☐ Cha	nge Addition	
NAME:			4. 2 NAME	1				
STREET ADDRESS			4.3 STREET ADDRO	ESS				
City - \$1 - ZiP			4.4 CITY-ST-ZIP					
Unit		DELETE	5.1 TITLE			☐ Cha	nge Addition	
NAME			5.2 NAME	l			ţ	
STREET ADDRESS			5.3 STREET ADDR	ESS				
CHTV - S1 - ZIP			5.4 CITY-ST-ZIP				<u></u>	
Title		DELETE	6.1 TITLE		7.00	☐ Cha	nge 🔲 Addition	
NAME:			6.2 NAME				}	
STREE1 ADDRESS			6.3 STREET ADDR	ESS				
CDY-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 included 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 fam 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.

SIGNATURE: GERMAN LOPEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/45/(305)674-9362 Date Double Priorie P 0003687