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 # P96000100890 (8)

DI CO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4927 ALFRESCO ST	4927 ALFRESCO ST
BOCA RATON FL 33428	BOCA RATON FL 33428-4005

FILED Jun 04 1997 8:00am Secretary of State



Principal Place of Business 4927 ALFRESCO ST BOCA RATON FL 33428 Mailing Address 4927 ALFRESCO ST BOCA RATON FL 33428 BOCA RATON FL 33421			SCO ST) 5			* TOURSTONE THE TOURS WHAT BUT III DUTTE STATE SURTE TOURS (BALL BUT FOR			
							3. Date Incorporated or Qualified 12/13/1996	3a . D	ate of Last F	Report
2. Principal PI	ace of Business	2s. Mailing	Address				4. FEI Number 65-07 876	•	h	oplied For ot Applicabl
Sulte, Apt.	#, etc.	Suite, /	Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
City & State	3	City & :	State			··	Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Zip	Country	Zip		Count	iry	4	8. This corporation has liability for i			
24	25	29		30			Florida Statutes	Yes	□No	
	9. Name and Address of Curr	ent Registered A	gent				10. Name and Address of New Re	istered	Agent	
DIAZ,	CHARLES			8	31	Name				
	ALFRESCO ST A RATON FL 33428			8	32	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		.
, a				8	33					
				8	34	City		FL	85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.06	502 and 607 1609	Florida Ctatuta	as the abo	7,40	-named co	rporation submits this statement for the p			te registere
agent. I ar SIGNATURE	m familiar with, and accept the obli Signature, typed or printed name of registered a	igations of, Section	n 607.05 05, Flo	orida Statut	tes	i.	ation's board of directors. I hereby acceptions	DATE		
<u>12. </u>	·	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
TITLE	D DIAZ OLIADIES		☐ DELETE	1.1 TO LE	F				☐ Change	Additio
NAME	DIAZ, CHARLES			1.2 NAM	1E]				
STREET ADDRESS	4927 ALFRESCO ST			1.3 STRE	EET.	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33428		DELETE	1.4 CITY		I-ZIP			П.	
TITLE			DELETE	2.1 TITLE					☐ Change	Additio
NAME				2.2 NAM						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	2.4 CITY		I - ZIP			Change	F Additio
NAME			FT DETERE	3 1 TITLE					∐ Change	L Additio
STREET ADDRESS				3.2 NAM		ADDRECE				
CITY-ST-ZIP				3.4. CITY		ADDRESS				
TITLE			DELETE	4.1 TITLE		1-214			☐ Change	Additio
NAME				4.2 NAM	_				Inc. Rc	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				4.4 CITY						
TITLE			DELETE	5.1 TITLE		4 11			Change	Additio
NAME				52 NAM						
STREET ADDRESS				1		ADDRESS	•			
CITY-ST-ZIP				5.4 CITY		ì				
TITLE	·		DELETE	6.1 TITLE					Change	Additio
NAME				6.2 NAM						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				6.4 CITY						

Ido 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 angual 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 of 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 any attachment with an address.