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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101241 (3)

DE BECHE DIAZ FINANCIAL SERVICES, INC.

11430 N. KENDALL DR., STE. 243 11430 N. KENDALL DR., STE. 243 MIAMI FL 33176-1042 MIAMI FL 33176 3. Date Incorporated or Qualified 3a. Date of Last Report 12/16/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-071600 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Zio Yes Yes Zi No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIAZ. PAULINE D 7857 SW 103 PL 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33173 83 84 City 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** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 1.1 TITLE TITLE DIAZ, PAULINE D NAME 1.2 NAMI 11430 N. KENDALL DR., STE. 243 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33176** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELFTE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - \$1 - 2iP CITY-ST-ZIP Change Addition DELETE 3 1 1IILE TITLE 32 NAME NAME 3.3 SUBERT ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELFIE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(TY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 THUE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 on 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 of Block 13 if changed, or on an uttachment with an address.

FILED

Apr 28 1997 8:00am

Secretary of State