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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700006027 (1)

## FILED Apr 14 1998 8:00am Secretary of State

|   | rporation Na   | DIVERSIFIED INVESTI  |                    | • •  |  |  |                                     |                            |                            |                                      |  |
|---|--|--|--------------------|--|--|--|-------------------------------------|----------------------------|----------------------------|--------------------------------------|--|
| Princip   | oal Place of   | Business   | Ma                 | iling Address  |  |  |                                     | rid råtin læbli åbnit bålt | I 40(1) \$6114 BE          | il Bill Bill it                      | 81) (\$\$) (B8)                        |
| 1200 ORIOLE AVENUE<br>MIAMI SPRINGS FL 33168  |  |  |                    | 1200 ORIOLE AVENUE<br>MIAMI SPRINGS FL 33166   |  |  | ·                                   | DO NOT WR                  | ITE IN THIS                | SPACE                                |  |
|   |  |  |                    |  |  |  | 3. Date Incorp                      | orated or Qualifie         | d                          |                                      |  |
|   |  |  |                    |  |  |  | 01/21/1                             | 997                        |                            |                                      | Ì                                      |
| 2. Pri  | ncipal Place   | of Business  | 24.                | Mailing Address  |  |  | 4. FEI Numbe                        | ſ _                        |                            | A                                    | pplied For                             |
| 21  |  |  | 26                 |  |  |  | ା ~୪                                | 5-072                      | 189                        | 6 N                                  | ot Applicable                          |
|   | te, Apt. #, et   | lc.  |                    | Suite, Apt. #, etc.  | <del></del>  |  | E Contition to                      | of Chatrie Desired         | χζŷν                       | \$8.75                               | Additional                             |
| 22  |  |  | 27                 |  |  |  | 5. Certificate                      | of Status Desired          |                            | Fee R                                | equired                                |
| Cit   | y & State  |  |                    | City & State   |  |  | 6. Election Ca                      | mpaign Financing           | ]                          | \$5.00                               | May Be                                 |
| 23  |  |  | 28                 |  |  |  | Trust Fund                          | Contribution               |                            | Added                                | to Fees                                |
| Zip   |  | Country  |                    | Zip  | Counte   | ry   | 8. This corpor                      | ation owes or has          | paid the cu                | rrent year In                        | tangible                               |
| 24  |  | 25   | 29                 |  | 30   |  |                                     | operty Tax due Ju          |                            |                                      | No                                     |
|   |  | . Name and Address of Curr   | rent Regist        | ered Agent   |  |  | 10. Name and                        | Address of New             | Registered                 | Agent                                |  |
|   | AMERI  | LAWYER CHARTERED   |                    |  | 81   | Name   | ALRERI                              | ro /                       | בענם ב                     | AL6                                  | >                                      |
|   | 343 AL   | .MERIA AVENUE  |                    |  | 8:   | 2 Street Ad  | ddress (P.O. Box Nur                |                            | <u> </u>                   | <del> </del>                         |  |
|   | CORAL  | GABLES FL 33134  |                    |  |  | 75   |                                     | 1026                       | Ar                         | م مارم                               | =                                      |
|   |  |  |                    |  | 8:   | 3  |                                     |                            |                            |                                      |  |
| ļ   |  |  |                    |  | 8  | A Ciby   |                                     | <del></del>                | <u>-</u>                   | 106 700                              | Code                                   |
|   |  |  |                    |  | 104  | ر دستر ا   | TAMIT SP                            | 2 IN 69                    | ر FL                       | .   85   5 <sup>P</sup> .            | 572-6 1                                |
| 11. Pı  | irsuant to the   | e provisions of Sections 607.0   | 502 and 60         | 7.1508, Florida Statu  | ites, the abo  |  |                                     | is statement for th        | e Ournose o                | f changing i                         | ts registered                          |
| of  | fice or regist   | tered agent, or both, in the Sta<br>miliar with, an accept the ob-   | ate of Horid       | <ul> <li>a. Such change was</li> </ul>   |  |  | eration's board of dire             | ntore. I harahy ac         | cept the apr               | xointment as                         | reaistered                             |
| 94  | nentiam fa   | miliar with an Duccent the ob-   | to another of      | Section 607 0505 F   | Butnorized to<br>Iorida Statute  | ak na combo  |                                     | ciois. Fileibby ac         |                            |                                      | - "                                    |
|   |  | miliar with, and accept the ob   | tuations of,       | Section 607.0505, P  | lorida Statute   |  | n) 6>                               | O O                        | 4-07                       | -92                                  | 5                                      |
| SIGNA   | ATURE =  | Wirth All  |                    | 9LBERT   |  | <u> 2 که و</u>   | ALEZ                                | <u>O</u>                   | 4-07                       | -98                                  |  |
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| SIGNA   | ATURE Signa  | alure, hysed or printed name of houstered  | agent and title it | 94867<br>Leppicatio (NO<br>TORS  | TE Registered A  | gent signature re  | ALEZ                                | 0                          | 7-07                       | DIRECTOR                             | RS IN 12                               |
| SIGNA<br>12.<br>TITLE   | ATURE Signe  | allure, typed or priviled name physicial and privilege of privilege of privilege of privilege of the privile | agent and title it | 94867<br>Leppicatio (NO<br>TORS  | 13. 1.1 YITLE 1.2 NAME   | gent signature re  | ALEZ                                | 0                          | 7-07                       | DIRECTOR                             | RS IN 12                               |
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| SIGNA  12.  TITLE  NAME  STREET A  CITY-ST  | ATURE Signal Sig | PTD SONZALEZ, ALBERTO 1200 ORIOLE AVENUE MIAMI SPRINGS FL 33166 /SD  | agent and title it | 9 LBCN (NO<br>TORS DELETE  | 13. 1.1 YITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE   | gent signature re  | ALEZ                                | 0                          | 7-07                       | D DIRECTOR                           | AS IN 12                               |
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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 pains appears in Block 12 or Block 13 if changed, or on an attachment with an address.

| SIGNATURE:

RIGHATURE AND TYPES ON PRINTED NAME OF BIGNING OFFICE

PLSER TO

GONZALEZ

04-07-98

888-3/C