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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90027 033 ***150.00

1. Corporation	Name # P9/000	U24200					
RETAIL I	DIVERSIFIED INVESTORS C	ORP.					
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Principal Place	e of Business	Mailing Address			A SAMBUTANE ISIN SAMIN CARREL MOREN A	Ante Barsin Trâns istanta III An	A Broke Ball (BB)
4675 SW 74TH ST 4675 SW 74TH ST MIAMI FL 33143							
				•	DO NOT WRITE	IN THIS SPACE	
	•					IN THIS STACE	
					3. Date Incorporated or Qualifed 03/11/1997	·	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65 084819	c	oplied For
	26				APPLIED FOR	6 N	ot Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee R	equired
City & Stat	е	City & State			6. Election Campaign Financing	¬ \$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current		_
24	25 29 3			t oloumus topolity tank		□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	istered Agent	
DOT	ABRICINI AL ANI LI		81	Name			
POTAMKIN, ALAN H			82	Street Add	lress (P.O. Box Number is Not Acceptable)	
4675 SW 74TH ST MIAMI FL 33143							
IMIMI	MI FL 33143		83			•	
			84	City		85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					ties this statement for the pure	FL OF Zip	ragistored
office or r	egistered agent, or both, in the State	of Florida. Such change was auti	norized by	the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept th	pose of changing its le appointment as re	egistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes				
SIGNATURE	Signature, typed or printed name of registered ager	t and title if conlingbig	onietared Azen	t eignatura raquire	ed when reinstating)	DATE	
12.		D DIRECTORS	13.	r agriatina require	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
πιε			1.1 TITLE			☐ Change	☐ Addition
NAME	, - ,	LEPLEY, RICK		ŀ			}
STREET ADDRESS			1.3 STREET	ADDRESS			1
CITY-ST-ZIP:			1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME			•	
STREET ADDRESS			2.3 STREET	ADDRESS		•	
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-S	T-ZIP			
TITLE			3.1 TITLE			Change	☐ Addition
NAME	POTAMKIN, ALAN H 32		3.2 NAME			•	}
STREET ADDRESS	1070 077 1 1111 01		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZiP			
TITLE	·		4.1 TITLE			☐ Change	☐ Addition
NAME	FARR, VERONICA						
STREET ADDRESS	10.00.01.71111.01		4.3 STREET				
CITY-ST-ZIP	MIAMI FL 33143	143		r-zip		/John	☐ Addition
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition (
NAME	J. J. NONNEL		5.2 NAME 5.3 STREET	ADDRESS		_	
STREET ADDRESS	4675 SW 74TH ST		1				
CITY-ST-ZIP	The state of the s		5.4 CITY-ST 6.1 TITLE	1.712		Change	Addition
TITLE	D CONN DODEDT	ו"ו הברכוב	6.2 NAME			← Change	
NAME	CONN, ROBERT		6.3 STREET	ADDRESS			1
STREET ADDRESS	4675 SW 74TH ST MIAMI FL 33143						
CITY-ST-ZIP	I MIAMI EL XXIAX		6.4 CITY-ST	1-417			

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 sustee 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, with all other like empowered.

SIGNATURE: Veronica Farn

305_{aythe}655 #9600