## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055936 (3)

## FILED Jul 30 1998 8:00am Secretary of State

DIHU CONSUMER PRODUCTS, CORP.						
Principal Plac	ce of Business	Mailing Address			OT BEIDT EILER IDIRD LITER BIFF IRBL	
8315 NW 68TH STREET 8315 NW 68TH STREET						
MIAMI FL 33166		MIAMI FL 33166		DO NOT WRITE IN TH	IS SDACE	
				3. Date Incorporated or Qualified	IS SPACE	
1				06/25/1997		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0763558	Not Applicable	
Suite, Apt. #, etc.		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	<del></del>	
24	25	heren i	30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent	
	ONDA, CARLA V		81 Name			
9000 SW 122TH STREET			82 Street Addr	treet Address (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33176					
			83			
		Λ	84 City	F	85 Zip Code	
44 Durayan	to the frequency of englished 502 0503	and 607 1509 Florida Statutor	the above pamed come	-	— 1 1	
office or	registered agent, or both, in the State	of/Florida. Such change was a	uthorized by the corporation	ration submits this statement for the purpose of on's board of directors. I hereby accept the app	cintment as registered	
	any tamiliar with, and accept the obliga	ivons of, section but wous, Flo	rida Statutes.	การ	14-98	
SIGNATURE	Signature, typed or printed name of registered agen	I and title if applicable (NO	TE: Registered Agent signature requ	uired when reinstating) DATE		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PD CONTRACTOR	DELETE	1.1 TITLE		Change Addition	
NAME	FORONDA, CARLA V		1.2 NAME			
STREET ADDRESS	9000 SW 122TH STREET MIAMI FL 33176		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIMMI FL 33176		1.4 CITY-ST-ZIP			
TITLE		L DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
CITY-ST-ZIP		DELETE	3.1 TITLE	4.4	Change Addition	
NAME		[] DECEME	3.2 NAME		C CHANGE C ACCOUNT	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP		<del></del>	
TITLE		L_] DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		Пьесен	5.4 CITY-ST-ZIP 6.1 TITLE		Channe	
TITLE NAME		DELETE	6.2 NAME		Change Addition	
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP		^	6.4 CITY-ST-ZIP			
OUTSIZE	adifuthat the information supplied with	· · · · · · · · · · · · · · · · · · ·	_ <del></del>	tion 119 07/3\(ii) Florida Statutes I further certif		

4. 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 redeiver 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 in address.

Onla

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