DOCUMENT # P97000056755						FILED		
Dia	Hat Concepts In	ternational Inc				00 MAY 24 AM 11: 48		
Principal Plad	e of Business	Mailing Address				SECRETARY OF STATE		
7695 SW 104 STREET. SUITE 210 MAMI FL 33156		7695 SW 104 STREET, SUITE 210 MIAMI FL 33156-3159				SECRETARY OF STATE TALLAHASSEE. FLORIDA		
2. Principal Place of Business 3838 Camino Del Rio North, Suite, Apt. #, etc.		3. Mailing Address 3838 Camino Del Rio North, Suite, Apt. #, etc.			h,	DO NOT WRITE IN THIS SPACE		
Suite No. 333 City & State		Suite No. 333				4. FEI Number		
San Diego, CA		San Diego, CA			Not Applicable			
Zip 92108	Country U.S.A.	92108		Country U.S.A.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current Ro	egistered Agent		Name		7. Name and Address of New Registered Agent		
7695	MAN, ERIC P 5 SW 104 STREET, SUITE 210 MI FL 33156			Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
Tax filing r (See criter	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW! After MAY 1, 200 Make Check Payab	!! FEE 00 Fee le to D	will be \$5	0 50.00 of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11: Title	OFFICERS AND D	Delete	12.	F		sident & Director Change X Addition		
NAME Street Address City-St-Zip	LITTMAN, ERIC P 2695 90 104 STREET, SUITE 210 MIAMI FL 63156 Delete TIT NA STI		NAM STRE		Dani 3838	iel Bender 8 Camino Del Rio North, #333 Diego, CA 92108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Vice John 3838	Vice President, CFO & Director John P. Gallo 3838 Camino Del Rio North, #333 San Diego, CA 92108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NA STF			1	Secr Jack 3838	Secretary & Director Addition Jack S. Michaelson 3838 Camino Del Rio North, #333 San Diego, CA 92108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Carm 3838	istant Secretary ☐ Change ☐ XAddition mine J. Bua, III 8 Camino Del Rio North, #333 Diego, CA 92108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete		i		Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				r 1 LS Change Addition		
13. I hereby of indicated of the corchanged	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empoy, or on an attachment with an address, with the content of the conten	nis filing does not qualify for the and accurate and that may ared to see ate this report in all other like empowered.	the exe ny signa as requ	emption state ture shall had by Cha	ed in Section ave the same oter 607, Flo	ion 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 11 or Block 12 if		

SIGNATURE: Secretary 5- 22-00 (619) 280-8000 Daytime Phone #