

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT -8 AM 11:09

DOCUMENT # P97000058626

1. Corporation Name
 DIARQ CORPORATION



REINSTATEMENT 99
 DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2600 ISLAND BLVD SUITE 301 WILLIAMS ISLAND FL 33160 US
 390 PARK AVENUE 21ST FLOOR NEW YORK NY 10022

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt #, etc. 26 White & Case
 22 City & State 27 First Union Financial Center
 23 Zip Country 28 200 S. Biscayne Blvd Miami, FL
 24 Zip Country 29 33131-2352 US

3. Date Incorporated or Qualified 07/03/1997
 4. FEI Number 65-0765054 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 BARBOSA, GARY
 2600 ISLAND BLVD #301
 WILLIAMS ISLAND FL 33160

10. Name and Address of New Registered Agent
 81 Name Susana Jacome
 82 2600 Island Blvd Suite 301
 83
 84 City Aventura FL 85 Zip Code 33160

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: Susana Jacome DATE: _____

12. OFFICERS AND DIRECTORS
 TITLE P OLIVOS, CARLOS X DELETE
 NAME 1000 ISLAND BLVD #2504
 STREET ADDRESS WILLIAMS ISLAND FL 33160
 CITY-ST-ZIP
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE President [] Change [X] Addition
 1.2 NAME Pablo Cuena De la Concha
 1.3 STREET ADDRESS 2600 Island Blvd Suite 301
 1.4 CITY-ST-ZIP Aventura, FL 33160
 2.1 TITLE Secretary [] Change [X] Addition
 2.2 NAME Allegra Harari de Doyan
 2.3 STREET ADDRESS 2600 Island Blvd Suite 301
 2.4 CITY-ST-ZIP Aventura FL 33160
 3.1 TITLE Treasurer [] Change [X] Addition
 3.2 NAME Maria Elena de la Torre
 3.3 STREET ADDRESS 2600 Island Blvd Suite 301
 3.4 CITY-ST-ZIP Aventura FL 33160
 4.1 TITLE Director of Operations [] Change [X] Addition
 4.2 NAME Susana Jacome
 4.3 STREET ADDRESS 2600 Island Blvd suite 301
 4.4 CITY-ST-ZIP Aventura, FL 33160
 5.1 TITLE [] Change [] Addition
 5.2 NAME
 5.3 STREET ADDRESS 500003012775--2
 -10/12/99--01055--004
 ****750.00 ****750.00
 6.1 TITLE [] Change [] Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 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 an address.

SIGNATURE: Susana Jacome
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

AD