

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).

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

Principal Place of Business

2600 ISLAND BLVD
SUITE 301
WILLIAMS ISLAND FL 33160
US

Mailing Address

399 PARK AVENUE 21ST FLOOR
NEW YORK NY 10022



REINSTATEMENT 99

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

☐

\$5.00 May Be
Added to Fees

8. 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME OLMO, CARLOS
STREET ADDRESS 1000 ISLAND BLVD #2504
CITY-ST-ZIP WILLIAMS ISLAND FL 33160

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Pablo Cuena De la Corcha
1.3 STREET ADDRESS 2600 Island Blvd Suite 301
1.4 CITY-ST-ZIP Aventura, FL 33160

2.1 TITLE Secretary ☐ Change ☒ Addition

2.2 NAME Allegra Harari de Dayan
2.3 STREET ADDRESS 2600 Island Blvd Suite 301
2.4 CITY-ST-ZIP Aventura FL 33160

3.1 TITLE Treasurer ☐ Change ☒ 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 ☒ 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

5.4 CITY-ST-ZIP

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****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

Date

Daytime Phone #

000034

CR2E034 (5/99)