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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000063211 (1)

DIAB INVESTMENTS, INC.

FILED
May 08 1998 8:00am
Secretary of State



Principal Place	of Business	Mailing Address			——————————————————————————————————————
5728 MAJOR BLVD., STE. 304 ORLANDO FL 32819		5728 MAJOR BLVD., STE. 304 ORLANDO FL 32819			
ONDANOO FL 32019		OUTHUDO LE 25019			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					07/22/1997
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3462066 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	lry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent	<u> </u>		10. Name and Address of New Registered Agent
	B , M OHAMMED		ļ	Name	
	28 MAJOR BLVD., STE. 304		82 Street Ad		Address (P.O. Box Number is Not Acceptable)
OR	LANDO FL 32819		L		
			{ 8	3	
			- 8	4 City	■. 85 Zip Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1508, Florida Sta	itules, the abo	ve-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					
	Signature, typod or printed name of registered as			gent signature	required when reinstating) DATE
12.		VD DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D NAS MOUALBARD	☐ DELETE	1.1 TALI		P T S D Addition
NAME	DIAB, MOHAMMED	A4	12 NAM	-	DIAB, MOHAMMED 304
STREET ADDRESS	5728 MAJOR BLVD., STE. 3	104	1.3 STRE	ET ADDRESS	5738 MAJOR BLUD, STE 304
CITY-ST-ZIP	ORLANDO FL 32819			-ST-ZIP	OKCHNDO LL STRIA
TITLE		DELETE	2.1 TITL	ľ	Change Change Addition
NAME			2.2 NAM	i	
STREET ADDRESS			2.3 STRE	E1 ADDRESS	
CITY-ST-ZIP				- ST - ZIP	
TITLE		☐ DELETE	3.1 TITLS		Change Addition
NAME			3.2 NAM	-	
STREET ADDRESS			3.3 STRE	et address	
CITY-ST-ZIP				-ST-ZIP	
TITLE		☐ DELET€	4.1 TITLE	•	Change Addition
NAME			4. 2 NAM	ie i	
STREET ADDRESS			4.3 STRE	e1 address	
CITY-ST-ZIP			4.4 CITY		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAM	E [
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5,4 CITY	-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		^ ~	6.2 NAM	E	
STREET ADDRESS			6.3 STRE	et address	
CITY-ST-ZIP			6.4 CITY		
14. I hereby co	ertify that the information supplied o	with this filing does not qualif	y for the exem	ption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

inducation on this appropriate comprehensial amount report is give and accurate and that my stringline shall have the same legal effect as if made under oath; that I am an officer or director of the comprehensian or the receiver or trustee environmental 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: