

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90063 023 \*\*\*150.00

DOCUMENT # P97000064444

1. Corporation Name

DIAMOND ROW INVESTMENT CORP.

Principal Place of Business  
C/O ARJA ASSOCIATES, INC.  
4315 N.W. 7TH STREET #34  
MIAMI FL 33126

Mailing Address  
C/O ARJA ASSOCIATES, INC.  
4315 N.W. 7TH STREET #34  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

65-0769592

Applied For

Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 ARJA ASSOCIATES, INC.

26 ARJA ASSOCIATES, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 51

27 #51

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33126

25 US

29 33126

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARJA ASSOCIATES, INC.  
4315 N.W. 7TH STREET  
#34  
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME SEGOVIA, RAFAEL G

STREET ADDRESS 4300 DIAMOND ROW

CITY-ST-ZIP FT LAUDERDALE FL 33331

TITLE DP ☐ DELETE

NAME FIGALLO SEGOVIA, JEAN P

STREET ADDRESS 4300 DIAMOND ROW

CITY-ST-ZIP FT LAUDERDALE FL 33331

TITLE V ☐ DELETE

NAME FIGALLO, CARLOS A

STREET ADDRESS 4300 DIAMOND ROW

CITY-ST-ZIP FT LAUDERDALE FL 33331

TITLE V ☐ DELETE

NAME FIGALLO SEGOVIA, CHARLES A

STREET ADDRESS 4300 DIAMOND ROW

CITY-ST-ZIP FT LAUDERDALE FL 33331

TITLE S ☐ DELETE

NAME FIGALLO SEGOVIA, CARLOS F

STREET ADDRESS 4300 DIAMOND ROW

CITY-ST-ZIP FT LAUDERDALE FL 33331

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

4-9-99 (305) 594 0053

Date

Daytime Phone #

CR2E034 (11/98)