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 # P97000065054 (3)

1. Corporation Name
DIAZ PROFESSIONAL SERVICES INC.

Principal Place of Business	Mailing Address
755 RIVERSIDE DRIVE SUITE 1323 CORAL SPRINGS FL 33071	755 RIVERSIDE DRIVE SUITE 1323 CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/28/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1631 NW 109 TERR	26 1631 NW 109 TERR	86-0771092	Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

City & State
23 PEMBROKE PINES, FL

City & State
28 PEMBROKE PINES, FL

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

Zip	Country	Zip	Country
24 33026	25 USA	29 33026	30 USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAZ, JOSEPH R
755 RIVERSIDE DRIVE
SUITE 1323
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1631 NW 109 TERRACE

83

84 City PEMBROKE PINES FL 85 Zip Code 33026

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 _Joseph Diaz_   JOSEPH R DIAZ , V.P   4/29/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **D** ☐ DELETE NAME **DIAZ, JOSEPH R** STREET ADDRESS **755 RIVERSIDE DR, STE 1323** CITY-ST-ZIP **CORAL SPRINGS FL 33071**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VICE PRESIDENT ☒ Change ☐ Addition 1631 NW 109 TERR PEMBROKE PINES, FL 33026
TITLE **D** ☐ DELETE NAME **DIAZ, LYNN M** STREET ADDRESS **755 RIVERSIDE DR, STE 1323** CITY-ST-ZIP **CORAL SPRINGS FL 33071**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition 1631 NW 109 TERR PEMBROKE PINES, FL 33026
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
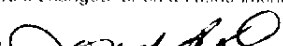
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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: _Joseph Diaz_   JOSEPH R DIAZ, V.P   11/29/98   954-444-5051