PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000065054

1. Corporation Name

DIAZ PROFESSIONAL SERVICES INC

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90024 042 \*\*\*150.00

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Zip	Country	Zip	_	_ Countri	У	]		is corporation		current y	year Inta			ÜNo
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	9. Name and Address of Current	t Registered Ag	ent	81	Name		10. Na	me and Add	Hess OI N	ew ivedi	stereu -	Anur		
DIAZ	, JOSEPH R			["	, vaino									:
	NW 109 TERRACE			82	2 Street	Addres	s (P.O.	Box Number	is Not Ac	ceptable)	)			
	BROKE PINES FL 33026			83	-								<del>,</del>	
				0.	1						_			
				84	City						FL	85	Zip C	ode
44 Dureuant	to the provisions of Sections 607.0502	2 and 607 1508	Florida Statutes	the above	e-named	corpora	ation su	bmits this sta	atement fo	r the pur	onse of o	hangi	ng its o	registered
office or re	egistered agent, or both, in the State of	of Florida.Such	change was auth	horized by	the corp	oration'	's board	of directors.	I hereby a	accept the	e appoin	tment	as reg	jistered
	m familiar with, and accept the obligat	uons or, section	007.0305, Florid	ia Statute:	s.									
SIGNATURE														
	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: R	tegistered Age	ent signature i	required w	men reinsta	ating)			DATE			
12.		nt and title if applicable.	(NOTE: R	tegistered Age	ent signature i	required w		ating) DITIONS/CH/	ANGES TO					
		D DIRECTORS	(NOTE: R	<del>-</del>	ent signature i	required w			ANGES TO			D DIRE		RS IN 12
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14. I heraby 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:

SIGNUL SIGNUL SIGNING OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/99

954-441-5051

Døytime Phone #

R2F034 (11/98)