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 # P97000068403 (9)

DIVERSIFIED SYSTEMS SOLUTIONS, INC.

Country

25

BOADE

9. Name and Address of Current Registered Agent

Principal Place of Business 10951 SW 64TH ST. MIAMI-FL-33173

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Miami

22

23

13867 SW 64 St

DEAVILA, DANIEL 10951 SW 64TH ST.

MIAMI FL 33173

Mailing Address

10951 SW 64TH ST. MIAMI-FL-33173_

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Miami

33183

29

13867 SW

FILED
Feb 03 1998 8:00am
Secretary of State

	DO NOT WRITE IN THIS SPACE							
	3. Date Incorporated or Qualified							
	08/06/1997							
	4. FEI Number Applied For							
64 84	65-07809a8 Not Applicable							
	5. Certificate of Status Desired S8.75 Additional Fee Required							
<u> </u>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
Country DADE	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ★ Yes No							
	10. Name and Address of New Registered Agent							
81 Name Do	aniel De Avila							
	ss (P.O. Box Number is Not Acceptable)							

			84 City	Miami				Code 3183		
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 familier with, and accept the abligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Daniel Chil		eAvila			1(23)	રિક	i		
Signature, typed or printed name of inglistered agent and litter if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIREC		13.	ADDITIC	NS/CHAI	IGES TO OFFICER	S AND DIRECTO	RS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	ĺ			Change	☐ Addition		
NAME	RODRIGUEZ, JORGE		1.2 NAME							
STREET ADDRESS	11042 SW 129TH PLACE		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33186		1.4 City - ST- ZIP					j		
TITLE	Đ	DELETE	2.1 TITLE				Change	☐ Addition		
NAME	DEAVILA, DANIEL		2.2 NAME							
STREET ADDRESS	1 0951 SW 64TH ST.		2.3 STREET ADDRESS	13867	ક્બ	64 St				
CITY-ST-ZIP	MIAMI FL 33173		2. 4 CITY - ST - ZIP	Miami	FL	33183				
TITLE		DELETE	3.1 TITLE				Change	Addition		
NAME			3.2 NAME					i		
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY - ST - ZIP					İ		
TITLE		DELETE	4.1 TITLE				Change	Addition		
NAME			4. 2 NAME				_ •	_		
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP					1		
TITLE	1.7.7.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	DELETE	5.1 TITLE				Change	Addition		
NAME			5.2 NAME							
STREET ADDRESS			5,3 STREET ADDRESS					İ		
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE		DELETE	6.1 TiTLE				Change	Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS					1		
CITY-ST-ZIP			6.4 CITY-ST-ZIP							

Country

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14. I hereby certify that the information supplied with this filling 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:

1123 198

305-715-3711