## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000081166 (5)

DIVERSE BUSINESS, INC.

SIGNATURE

**FILED** Sep 09 1998 8:00am Secretary of State



700 51 ST. • MIAMI BEACH FL 33140				700 51 ST. MIAMI BEACH FL 33140				3. Date Incorpora 09/18/1997	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  09/18/1997				
2. Principal Place of Business				2a. Mailing Address				4. FEt Number	-0786647		Applied		
Suite, Apt. #, etc.				26 Suite, Apt. #, etc.						\$8	Not App Not Appl Not Appl	<del>-</del>	
22				77				5. Certificate of S	tatus Desired LA		Fee Require		
City & State				City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Zip	F	Country	ì	Zip Cour			,		on owes or has paid the				
24	9. Name and Address of Current			30 30				<u>-</u>	Personal Property Tax due June 30. X Yes No  10. Name and Address of New Registered Agent				
VΔII	E, GUSTAVO	Address of Culto	iii negisti	ereu Agent		81	Name						
4121 HARDEE RD.				82			Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33133				62 Stree			STEEL	Address (P.O. Box Number is Not Acceptable)					
						83		# 26					
						84	City			<b>—.</b> 85	Zip_Code		
							,	Miami		ᅡᇈᆝᆝ	3314		
	to the provisions registered agont, and familiar with, a	or sections 607,050 or with, in the State or accept the oblig	2 and 607 e of Florida ations of	7.1508, Florida Statuti a. Such change was section 607.0505, FI	es, the ab authorize orida Stat	ove d by lutes	-named co the corpo s.	rporation submits this stat ration's board of directors	tement for the purpose . I hereby accept the a 	orchanging politiment 2 99	) its register i as register )	red red	
SIGNATURE ,	Signature, typed or print	ed name of registered age	nt and little in	applicable. (N	OTE: Registe	red A	gent signature	required when reinstating)	100	ITE			
12.		OFFICERS AN	ND NIFEC	TORS	13.			ADDITIONS/CH	ANGES TO OFFICER	S'AND DIR	ECTORS	N 12	
TITLE	D /	1005 1	V	DELETE	1.1 T/		1			L c	nange 🔝	Addition	
NAME	4445 A 11/2 TARR OT #444				1.2 NAME								
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP TITLE	MIAMI FL 331	43		The state	1.4 CI 2.1 TI		I-ZIP			····			
NAME				DELETE			1			L. Cr	nange	Addition	
STREET ADDRESS					2.2 NAME 2.3 STREET ADDRESS								
CITY-ST-ZIP					2.4 CF								
TITLE				DELETE	3.1 Tr		211			Cr	nange	Addition	
NAME					3.2 NA	AME				<b>L</b> .	iding© [	riddipoli	
STREET ADDRESS					3.3 ST	REET	ADDRESS						
CITY-ST-ZIP	_				3.4 Cf	TY-ST	r- <b>Z</b> IP			_			
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NAME					4.2 NA	ME				-			
STREET ADDRESS					4.3 ST	REET	ADDRESS	•					
CITY-ST-ZIP					4.4 CI		-ZIP			——————————————————————————————————————	<u></u> _		
TITLE				DELETE	5.1 TIT					L Ch	nange	Addition	
NAME					5.2 NA								
STREET ADORESS							ADDRESS						
CITY-ST-ZIP				<del></del>	5.4 Ci		-zip			<del>-</del>			
TITLE				L_) DELETE	6.1 T(					L Ch	nange [	Addition	
NAME					6.2 NA		1000FCC						
STREET ADDRESS							ADDRESS						
City St-ZiP	artific that the Inform	nation substiad with	this filing	does not qualify for t	6.4 Cl	ation	stated in	section 119.07(3)(i), Florid	la Statutas I further co	rtify that the	a informatio		
Indicated o an officer o In Block 12	on this annual reproperties of the color of	ort or pplemontal orperation of the re paged, or polar att	annual re eceiver or achment v	port is true and accu trustee empowered t with an address.	rate and	that this	my signat s report as	ure shall have the same le required by Chapter 607,	egal effect as if made , Florida Statutes; and	under oath; that my na	that I am me appears	s	