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## 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

DOCUMENT # **P97000089533**1. Corporation Name

1. Corporation Name ROYAL DIANA HOLDINGS, INC.				LE CRESSEL TEORIDA TALLAMASSEL TEORIDA	
Principal Plac	e of Business	Mailing Address			19110 19191 91190 11190 1111 1991
343 ALMERIA AVE		343 ALMERIA AVE			
CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				10/17/1997	
2. Principal P	face of Business	2a. Mailing Address		4. FET Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired [	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes the current year In	tangible
24	25	29 3	o	Personal Property Tax	[]Yes []No
	9. Name and Address of Current	Registered Agent	941 Name	10. Name and Address of New Registered	Agent
AMERILAWYER [81] Name ST				Spiegel & Utrera, P.A.	•
343 ALMERIA AVENUE			82 Street Adri	ress (P.O. Box Number is Not Acceptable) 343 Almeria Avenue	
CORAL GABLES FL 33134			83	343 Almeria Avenue	
		/			
			84 City Co	oral Gables , <b>FL</b>	21p Code 33134
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with Place City of gal	and 607/15/6/ lorida Statutes	, the above named corp	poration submits this statement for the purpose of ion's board of directors. Thereby accept the appl	Changing its registered introduction
agent. I a	m familiar with place the obiga	TELEPHANT Florid	a Statutes	1/201	Nel.
SIGNATURE	By:	2	Con A. A. area as	4/28/	<b>U</b> 1
12.	Signature, typed or pr <b>N&amp;t&amp;l.l&amp;</b> d <b>J1</b> OFFICERS AND		eddentor (m) (1) 13.	ADDITIONS/CHANGES/TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	[ ] DELETE	11 TOTLE	ABBITIONS/GIT/INGES/10 GIT ISENO A	[   Change   \ [ ] Add tion
NAME	SANCHEZ, ELSIE	,	12 NAME		
STREET ADDRESS	343 ALMERIA AVE		13STREET ADDRESS		121
CITY-ST-ZIP	CORAL GABLES FL 33134		14 City-S1-2iP		
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STREET ADDRESS	<u> </u>		23 STREET ADDRESS	-05/07/99	-01159002
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STREET ADDRESS			53 STREET ADDRESS		
OTY-ST-ZIP			5.4 CITY+ST+2IP		
TITLE		Cloecete	É I TITLE		[   Change   [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
1	İ		<b>.</b>		

44. 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 logal 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:** 

4/24/99