## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**19**98 DOCUMENT # 1. Corporation Name

P97000101346 (9)

DIKTS MARKETING & MANAGEMENT ENTERPRISE, INC.

## **FILED** May 06 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address				r ingilånt trå settr (dot) omtit mellit dener Hård maldt skådå fillit dener åstit får	••		
14061 LANG		14061 LANGLEY PLACE					
DAVIE FL 33325		DAVIE FL 33325	DAVIE FL 33325		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified		
					12/02/1997		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applied Fo	or	
21		26			65-0800639 Not Applic	cable	
Sulte, Api	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition	al	
22		27			Fee Required		
City & Sta	ate	<del>                                     </del>	City & State		6. Election Campaign Financing \$5.00 May Be	e	
Zip	Country	28 Zip	Cour	atov	Trust Fund Contribution Added to Fees		
24	25	29	30	ııı y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	1	
24	9. Name and Address of Curre		30]		10. Name and Address of New Registered Agent		
A1	MERILAWYER			81 Nam			
	43 AUMERIA AVENUE		-		EXCUS USOCIZA		
	ORAL GABLES FL 33134			82 Stree	reet Address (P.Q. Box Number is Not Acceptable) 14061 Langles DIOC		
j .	orge and correction		Ì	83			
			ļ.	84 City	DOVIE, IF 33325		
				84 City	FL 85 Zip Code		
11. Pursuan	t to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the ab	ove-name	med corporation submits this statement for the purpose of changing its register corporation's board of directors. I hereby accept the appointment as register	ered	
agent. I	am familiar with, and accept the oblig	ations of, Section 607.0505, FI	orida Stati	ites.	Corporation's board of directors. Thereby accept the appointment as register	eu	
SIGNATURE	Mayn I	lien Deryza	_0)(	and	611 4/28/98		
	Signature typed or pyrifold name of registered ag			Agent signal	mature required when reinstating) DAYE.		
12. TITLE	PSTD OFFICERS AN	ID DIRECTORS  DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	DSOUZA, ELIAS		1.2 NA		Change C A	3111011	
STREET ADDRESS	14061 LANGLEY PLACE		1	vic Reet addres	orec .		
CITY-ST-ZIP	DAVIE FL 33325		- 1	Y-ST-ZIP		- 15	
TITLE	DATE TE GOOD	DELETE	2.1 T/T		Change Add	dition	
NAME		_	2.2 NA				
STREET ADDRESS			2.3 \$1	REET ADDRES	HESS		
CITY-ST-ZIP			2. 4 CI	Y-ST-ZIP			
TITLE		DELETE	3.1 TIT		Change Add	dition	
NAME			3.2 NA	ME		ì	
STREET ADDRESS			3.3 STF	reet addres	RESS		
CITY-ST-ZIP			3.4. CIT	Y-S1-ZIP	,		
TITLE		☐ DEL <b>ete</b>	4.1 TIT	E	Change Add	dition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRES	IESS	- 1	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	E	☐ Change ☐ Ado	dition	
NAME	1		5.2 NA	ME		ļ	
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CITY-ST-ZIP				Y-S1-ZIP			
TITLE	1	☐ DELET <b>E</b>	6.1 T(T)		☐ Change ☐ Add	dition	
NAME			6.2 NA	WE			
STREET ADDRESS	1		6.3 STR	EET ADDRES	ESS	ł	
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP			

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.

11/2012