

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90140 022 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000007435**

1. Corporation Name  
**DIGA OF MIAMI, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**5501 N.W. 7TH STREET  
 E#108  
 MIAMI FL 33126**

Mailing Address  
**5501 N.W. 7TH STREET  
 E#108  
 MIAMI FL 33126**

3. Date Incorporated or Qualified  
**01/23/1998**

2. Principal Place of Business  
 21 **6470 W. FLAGLER ST**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 Suite, Apt. #, etc.

4. FEI Number  
**65-0808024**

Applied For  
 Not Applicable

22 City & State  
**MIAMI FL**

27 City & State  
 28 City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 Zip **33144** Country **U.S.**

29 Zip **30** Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

~~SCHARFMAN, B-L~~  
**30 EAST 6TH STREET  
 HIALEAH FL 33010**

10. Name and Address of New Registered Agent  
 81 Name **ROBERTO J. DIAZ**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**5501 NW 7TH STREET**  
 83 **E-108**  
 84 City **MIAMI** FL 85 Zip Code **33126**

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | <b>DIAZ, ROBERTO</b>            |
| STREET ADDRESS | <b>5501 NW 7TH STREET #E108</b> |
| CITY-ST-ZIP    | <b>MIAMI FL 33126</b>           |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | <b>D</b>                        |
| STREET ADDRESS | <b>GAMEZ, MARIA</b>             |
| CITY-ST-ZIP    | <b>5501 NW 7TH STREET #E108</b> |
| CITY-ST-ZIP    | <b>MIAMI FL 33126</b>           |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99 (205) 442-9382  
 Date Daytime Phone #

CR2E034 (1/98)