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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999

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



DOCUMENT # P98000016920

1. Corporation Name

AMERICAN DIABOLO, INC.

Principal Place of Business

561 RANCH ROAD
SUITE 100
WESTON FL 33326

Mailing Address

561 RANCH ROAD
SUITE 100
WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

65-0818086

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTHE, FREDERIC
 888 S.E. 3RD AVENUE
 SUITE 400
 FT. LAUDERDALE FL 33316

81 Name

PATRICK NIVIES

82 Street Address (P.O. Box Number is Not Acceptable)

702 E DANIA BEACH BLVD

83

SUITE 202

84 City

DANIA

FL

85

Zip Code
33004

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, typed or printed name of registered agent and date of signature.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME DP
 GALINDO, CHRYSLAINE
 STREET ADDRESS 561 RANCH ROAD SUITE 100
 CITY-ST-ZIP WESTON FL 33326

12.2 TITLE ☐ DELETE

NAME DVPS
 GARCIA, THIERRY
 STREET ADDRESS 561 RANCH ROAD SUITE 100
 CITY-ST-ZIP WESTON FL 33326

12.3 TITLE ☐ DELETE

NAME FIANSO, SOPHIE
 STREET ADDRESS 561 RANCH ROAD SUITE 100
 CITY-ST-ZIP WESTON FL 33326

12.4 TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12.5 TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12.6 TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)