02161999-90015-006-$150.00-$150.00

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

FILED
99 MAR 10 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000074677

1. Corporation Name
DIVERSIFIED AUTOMOTIVE PRODUCTS, INC.

Principal Place of Business	Mailing Address
203 RIVIERA CIRCLE WESTON FL 33326	203 RIVIERA CIRCLE WESTON FL 33326

3. Date Incorporated or Qualified: 08/24/1998

2. Principal Place of Business
21 4701 Distribution Court
22 Suite, Apt. #, etc. —
23 City & State: Orlando Fl.
24 Zip: 32822 25 Country

2a. Mailing Address
26 UNIT #3 SAME
27 Suite, Apt. #, etc.
28 City & State: SAME
29 Zip 30 Country

4. FEI Number: 65-0866779 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent
RODRIGUEZ, JOSE MOJICA
203 RIVIERA CIRCLE
WESTON FL 33326

10. Name and Address of New Registered Agent
81 Name: Ilia V. Matos
82 Street Address (P.O. Box Number is Not Acceptable): Apt. 313, 3217 S. Semoran Blvd.
83
84 City: Orlando FL 85 Zip Code: 32822

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 resigning) — DATE: 3/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, JOSE MOJICA	1.2 NAME	
STREET ADDRESS	203 RIVIERA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326	1.4 CITY-ST-ZIP	
TITLE	PRES. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Ilia V. Matos	2.2 NAME	
STREET ADDRESS	Apt. 313, 3217 S. Semoran Blvd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando Fl 32822	2.4 CITY-ST-ZIP	
TITLE	SEC ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	José Mojica	3.2 NAME	
STREET ADDRESS	SAME	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)