08191999-90012-037-$150.00-$150.00

199.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90012 037 ***150.00
09-01-1999 90014 011 ***400.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000094159

1. Corporation Name
DIAMOND PC U.S.A., CORP.

Principal Place of Business
2550 N.W. 72 AVE.
SUITE 305
MIAMI FL 33122

Mailing Address
2550 N.W. 72 AVE.
SUITE 305
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1998

2. Principal Place of Business
21 10431 NW 28ST

2a. Mailing Address
26 10431 NW 28ST

4. FEI Number
22-3616512
Applied For
Not Applicable

Suite, Apt. #, etc.
22 E-102

Suite, Apt. #, etc.
27 E-102

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

City & State
23 MIAMI, FLORIDA.

City & State
28 MIAMI, FLORIDA

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

Zip
24 33172

Country
25 DADE

Zip
29 33172

Country
30 DADE

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

9. Name and Address of Current Registered Agent
OSTOLAZA, FERNANDO I
2550 N.W. 72 AVE.
SUITE 305
MIAMI FL 33122

10. Name and Address of New Registered Agent
81 Name OSTOLAZA, FERNANDO I
82 Street Address (P.O. Box Number is Not Acceptable) 10431 NW 28ST
83 SUITE E-102
84 City MIAMI FL 85 Zip Code 33172

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 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	PTD ☐ DELETE	1.1 TITLE	PTD ☒ Change ☐ Addition
NAME	OSTOLAZA, FERNANDO I	1.2 NAME	OSTOLAZA, FERNANDO I
STREET ADDRESS	2550 N.W. 72 AVE. SUITE 305	1.3 STREET ADDRESS	10431 NW 28ST STE E-102
CITY-ST-ZIP	MIAMI FL 33122	1.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VSD ☐ DELETE	2.1 TITLE	VSD ☒ Change ☐ Addition
NAME	CHIOCK, ROLANDO SALAS	2.2 NAME	CHIOCK, ROLANDO SALAS
STREET ADDRESS	2550 N.W. 72 AVE. SUITE 305	2.3 STREET ADDRESS	10431 NW 28ST STE E-102
CITY-ST-ZIP	MIAMI FL 33122	2.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		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.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)