


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

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

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1998		4. FEI Number 22-3616512		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 10431 NW 28ST Suite, Apt. #, etc. 22 E-102 City & State 23 MIAMI, FLORIDA Zip 24 33172	2a. Mailing Address 26 10431 NW 28ST Suite, Apt. #, etc. 27 E-102 City & State 28 MIAMI, FLORIDA Zip 29 33172	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25 DADE	Country 30 DADE	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OSTOLAZA, FERNANDO I 2550 N.W. 72 AVE. SUITE 305 MIAMI FL 33122				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	85 Zip Code	FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OSTOLAZA, FERNANDO I 2550 N.W. 72 AVE. SUITE 305 MIAMI FL 33122 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PTD OSTOLAZA, FERNANDO I 10431 NW 28ST STR E-102 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHIOCK, ROLANDO SALAS 2550 N.W. 72 AVE. SUITE 305 MIAMI FL 33122 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VSD CHIOCK, ROLANDO SALAS 10431 NW 28ST STR E-102 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)