

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

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

DOCUMENT # P98000105232

1. Corporation Name

DIABRO MOTOR SPORTS, INC.

Principal Place of Business

8675 NW 53 STREET
MIAMI FL 33166

Mailing Address

8675 NW 53 STREET
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1998

4. FEI Number

65-0888933

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75. Additional

Fees Required

6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 DIAZ, CARLOS F
 8675 NW 53 STREET
 MIAMI FL 33166

81 Name

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

83

84 City

FL

85 Zip Code

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 D
 NAME DIAZ, CARLOS F
 STREET ADDRESS 8675 NW 53 STREET
 CITY-ST-ZIP MIAMI FL 33166

DELETE

 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

Change Addition

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

Change Addition

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

Change Addition

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

Change Addition

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

Change Addition

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DELETE

 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Carlos F. Diaz 7-6-99 (307) 593-1926

Date

Daytime Phone #

CR2E034 (5/99)

 FILED
 Jul 20, 1999 8:00 am
 Secretary of State

07-20-1999 90001 042 ***150.00

