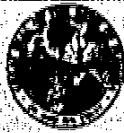


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S07620 (5)

1. Corporation Name

DIAZ BUSINESS SERVICES, INC.

Principal Place of Business

17400 COLLINS AVE 18090 COLLINS AVE
STE 205 11 STE 205 11
MIAMI BEACH FL 33160 MIAMI BEACH FL 33160

Mailing Address

17400 COLLINS AVE 18090 COLLINS AVE
STE 205 11 STE 205 11
MIAMI BEACH FL 33160 MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/24/1990

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0222180

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 has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 18090 COLLINS AVE

Suite, Apt. #, etc.

22 SUITE 11

City & State

23 MIAMI BEACH, FL 33160

Zip

24 33160

Country

25 DAVE

2a. Mailing Address

26

Suite, Apt. #, etc.

27 SUITE 11

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DIAZ, FILOMENO G.
17400 COLLINS AVENUE 18090 COLLINS AVE.
STE 205 11
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME DIAZ, FILOMENO G.
STREET ADDRESS 17400 COLLINS AVE 223 18090 COLLINS AVE
CITY - ST - ZIP MIAMI FL MIAMI BEACH, FL 33160 SUITE 11

TITLE DVT
NAME DIAZ, YOLANDA M.
STREET ADDRESS 17400 COLLINS AVE 223 18090 COLLINS AVE
CITY - ST - ZIP MIAMI FL MIAMI BEACH, FL 33160 SUITE 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *F. Filomeno G. Diaz* - FILOMENO G. DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95 (305) 935-9008

Date

Daytime Phone