

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -4 AM 10:08

DOCUMENT # S61183

(7)

1. Corporation Name

DIVING TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business

5488-A GRIFFIN ROAD
DAVE FL 33314
US

Mailing Address

5488-A GRIFFIN ROAD
DAVE FL 33314
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/20/1991

3a. Date of Last Report

07/26/1994

4. FEI Number

65-0273324

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. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 4574 N. Hatus Rd

2a. Mailing Address

26 4574 N. Hatus Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Sunrise FL

27 City & State

28

24 Zip

25 33351

Country

26 USA

29 Zip

30

Country

9. Name and Address of Current Registered Agent

FELDMAN, ESQ, ROBERT L
3081 SALZEDO ST
CORAL GABLES FL 33134

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MOLA, RUDOLFO
STREET ADDRESS 9429 NORTHWEST 46 COURT
CITY - ST - ZIP SUNRISE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

25

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

45

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

55

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

65

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rudolfo L. Mola

7-28-96 (305) 748-4772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

CR2E034 (3/95)