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

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 12: 2

DOCUMENT # S90579 (1)

1. Corporation Name
DIVERSIFIED DIMENSIONS, INC.

Principal Place of Business	Mailing Address
7485 S.W. 128TH ST. MIAMI FL 33156	7485 S.W. 128TH ST. MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/30/1991
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0296565 ☐ 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		2a. Mailing Address
21	18740 S.W. 92nd AVE.	26	18740 S.W. 92nd AVE.
22	Suite, Apt. #, etc. —	27	Suite, Apt. #, etc. —
23	City & State: Miami, Florida	28	City & State: Miami, Florida
24	Zip: 33157	29	Zip: 33157
25	Country:	30	Country:

9. Name and Address of Current Registered Agent

HOPKINS, MICHAEL S.
7485 S.W. 128TH ST.
MIAMI FL 33156

10. Name and Address of New Registered Agent

81	Name: Charles R. Hopkins
82	Street Address (P.O. Box Number is Not Acceptable)
83	7485 S.W. 128th st.
84	City: Miami — 85 FL — Zip Code: 33156

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: Charles Hopkins — 7/24/95
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	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	GLORIA G. HOPKINS	1.2 NAME	Michael S. Hopkins	
STREET ADDRESS	7485 SW 128TH ST.	1.3 STREET ADDRESS	18740 S.W. 92nd Ave.	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl. 33157	
TITLE	V	2.1 TITLE	V. President	☒ Change ☐ Addition
NAME	MICHAEL S. HOPKINS	2.2 NAME	Gloria G. Hopkins	
STREET ADDRESS	7485 SW 128TH ST.	2.3 STREET ADDRESS	7485 S.W. 128th st.	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl. 33156	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: Gloria G. Hopkins Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GLORIA G. HOPKINS

Date: 8/2/95 Daytime Phone: (305) 238-8171

CR2E034 (3/95)

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