

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S92183** (0)

1. Corporation Name  
**DIAMOND TRANSFER CORP.**



Principal Place of Business: **3440 N.W. NORTH RIVER DRIVE MIAMI FL 33142**  
Mailing Address: **3440 N.W. NORTH RIVER DRIVE MIAMI FL 33142**

3. Date Incorporated or Qualified: **11/05/1991**  
3a. Date of Last Report: **05/31/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>65-0391497</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DUVALLON, CARLOS 14481 SW 71 LANE MIAMI FL 33183</b>				81	Name <b>Rene A Galvez</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>12693 N.W 8 Terr</b>		
				83			
				84	City <b>Miami Fl</b>	85	Zip Code <b>FL 33182</b>

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/14/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BABUN, LINCOLN J</b>			1.2 NAME	<b>Ivan Viscovich</b>		
STREET ADDRESS	<b>14481 SW 71 LANE</b>			1.3 STREET ADDRESS	<b>3047 N.W 32 Ave</b>		
CITY-ST-ZIP	<b>MIAMI FL</b>			1.4 CITY-ST-ZIP	<b>Miami Fl 33142</b>		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DUVALLON, CARLOS</b>			2.2 NAME	<b>Rafael Interiano</b>		
STREET ADDRESS	<b>1520 SW 1 STREET</b>			2.3 STREET ADDRESS	<b>12693 N.W 8 Terr</b>		
CITY-ST-ZIP	<b>MIAMI FL 33135</b>			2.4 CITY-ST-ZIP	<b>Miami Fl 33182</b>		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GALVEZ, RENE A</b>			3.2 NAME	<b>Doglas Munoz</b>		
STREET ADDRESS	<b>12693 NW 8 TERR</b>			3.3 STREET ADDRESS	<b>3045 N.W 32 Ave</b>		
CITY-ST-ZIP	<b>MIAMI FL</b>			3.4 CITY-ST-ZIP	<b>Miami Fl 33142</b>		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOLINA, MARGARITA BABU</b>			4.2 NAME	<b>Jorge Castro</b>		
STREET ADDRESS	<b>14481 SW 71 LANE</b>			4.3 STREET ADDRESS	<b>14481 S.W 71 Lane</b>		
CITY-ST-ZIP	<b>MIAMI FL</b>			4.4 CITY-ST-ZIP	<b>Miami Fl 33183</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **Douglas Munoz** DATE: **3/14/96** DAYTIME PHONE: **305-635-4321**

CR2E034 (12/95)