## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State · · · DIVISION OF CORPORATIONS

## FILED Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90036 026 \*\*\*150.00

	1000				_		. =
DOCUN 1. Corporation	MENT # V17059						
DIMEL IN	IVESTMENT CORP.						
Principal Place	e of Business	Mailing Address			[	4(8() 8)8)( 4(8() 6)	<u>,611 01911 1601</u>
20803 BISCAYNE BLVD. 24 FAIRWAY HEK			RESCENT		- ACR 4 V		
SUITE 200 AVENTURA FL 33180		THORNHILL ON LITIKA US		リリュラペジン 会 DO NOT WRITE IN THE	S SPACE		
AVENTORIA TE S	33163	00			3. Date Incorporated or Qualifed		
					02/27/1992		
2. Principal Place of Business 2a. Mailing Address			the co	FTC - CO. 17	4. FEI Number	<del></del>	plied For
			26 24 FAILWAY HEIGHTS CRES. Suite, Apt. #, etc.		5. 65-0323984	\$8.75 A	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Red		
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23	1 11 11 11 11 11 11 11 11 11 11 11 11 1		_ ONTARLO.		6. Election Campaign Financing  Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	1 ~ ~ A	8. This corporation owes the current year I		
24	25		io CAI	14DH	Personal Property Tax.  10. Name and Address of New Registered		□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registers	1 Affaur	
SCHNEIDER, ALAN			-		(D.C. D. M. sebes in Net Acceptable)		
20803 BISCAYNE BLVD			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
STE 200			83				
AVEN	NTURA FL 33180		84	City		. 85 Zip C	Code
		_		1	F	L     `	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	of changing its of changing it	registered gistered
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statutes		, , , , , , , , , , , , , , , , , , , ,		
SIGNATURE	Signature, typed or printed name of registered agent	WOTE E	Senistand Ase	nt elanatura cacuin	ad when reinstating) DATE		
12.	OFFICERS ANI		13.	ik algridabio requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MELE, VICTOR		1.2 NAME				Į
STREET ADDRESS			1.3 STREE	TADORESS			
CITY-ST-ZIP	THORNHILL, ONTARIO		1.4 CITY-ST-ZIP			Change	Addition
TITLE	DELETE		2.1 TITLE			Change	☐ Addition 3
NAME			2.2 NAME	T ADDRESS			
STREET ADDRESS			2.3 STREE 2.4 CITY-5				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	51-4F		☐ Change	Addition
NAME			3.2 NAME			-	
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ OELETE	4.4 CITY-S 5.1 TITLE	T-ZIP		Change	Addition
TITLE NAME			5.1 IIILE 5.2 NAME			orienge	
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			5.4 CITY- S				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				[
STREET ADDRESS	,		6.3 STREE	T ADDRESS			}
l i	i		64 CITY S	T 700			1

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

hys. 8/99 -

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