

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V29243** (5)

1. Corporation Name  
**DIEREN CORP.**



Principal Place of Business

**C/O JACK D. FINKELMAN, ESQUIRE  
1500 SAN REMO AVENUE, STE. 125  
CORAL GABLES FL 33146**

Mailing Address

**C/O JACK D. FINKELMAN, ESQUIRE  
1500 SAN REMO AVENUE, STE. 125  
CORAL GABLES FL 33146**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**STRANSKY, TOMAS  
3692 NE 195 AVENUE  
N. MIAMI BEACH FL 33180**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

**04/16/1992**

3a. Date of Last Report

**01/10/1996**

4. FET Number

**65-0594989**

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

10. Name and Address of New Registered Agent

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 registering change)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BERMAN, GERY</b>	
STREET ADDRESS	<b>20323 W. COUNTRY CLUB DR.</b>	
CITY - ST - ZIP	<b>N. MIAMI BCH. FL 33180</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>KATZ DE BERMAN, VOLGELTJE</b>	
STREET ADDRESS	<b>20323 W. COUNTRY CLUB DR. #7</b>	
CITY - ST - ZIP	<b>N. MIAMI BCH. FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERMAN, JOSE DANIEL</b>	
STREET ADDRESS	<b>20323 W. COUNTRY CLUB DR. #7</b>	
CITY - ST - ZIP	<b>N. MIAMI BCH. FL 33180</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE STRANSKY, LILIANE</b>	
STREET ADDRESS	<b>3692 N.E. 195 AVENUE</b>	
CITY - ST - ZIP	<b>N. MIAMI BCH. FL 33180</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Gery Berman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/96

305-9318160

CR2E034 (12/95)