FILE NOW: FILING FEE AFTER . AT 1 15 $55.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
May 20 1997 8:00am
Secretary of State

[redacted]

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 33146-3049

3. Date Incorporated or Qualified: 04/16/1992
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt #, etc. — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0594989 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ $2.75 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

9. Name and Address of Current Registered Agent
STRANSKY, TOMAS
3692 NE 195 AVENUE
N. MIAMI BEACH FL 33180

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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when required)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BERMAN, GERY	12 NAME	
STREET ADDRESS	20323 W. COUNTRY CLUB DR.	13 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL 33180	14 CITY-ST-ZIP	
TITLE	DST ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	KATZ DE BERMAN, VOLGELTJE	22 NAME	
STREET ADDRESS	20323 W. COUNTRY CLUB DR. #7	23 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL	24 CITY-ST-ZIP	
TITLE	D ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BERMAN, JOSE DANIEL	32 NAME	
STREET ADDRESS	20323 W. COUNTRY CLUB DR. #7	33 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL 33180	34 CITY-ST-ZIP	
TITLE	D ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	DE STRANSKY, LILIANE	42 NAME	
STREET ADDRESS	3692 N.E. 195 AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL 33180	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do 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.

SIGNATURE: G. Berman — VOLGELTJE KATZ de BERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

CR2E034 (9/96)