SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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
96 DEC 31 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63296 (0)

1. Corporation Name
DIPLOMATIC SHOPPING, CORP.

REINSTATEMENT 1995 1996

DO NOT WRITE IN THIS SPACE. MWB

Principal Place of Business	Mailing Address
17320 NW 67TH PL #P MIAMI FL 33015 US	17320 NW 67TH PL #P MIAMI FL 33015 US

3. Date Incorporated or Qualified: 09/11/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 134 SALAMANCA AVENUE
22 Suite, Apt. #, etc.: 9B
23 City & State: CORAL GABLES, FL
24 Zip: 33134
25 Country:

2a. Mailing Address
26: 134 SALAMANCA AVENUE
27 Suite, Apt. #, etc.: 9B
28 City & State: CORAL GABLES, FL
29 Zip: 33134
30 Country:

4. FEI Number: 65-0354800 ☐ 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

9. Name and Address of Current Registered Agent

ARRIA, EDGARDO
17320 NW 67TH PL #P
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: ARRIA EDGARDO
82 Street Address (P.O. Box Number is Not Acceptable): 134 SALAMANCA AVENUE
83: # 9B
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: X Edgardo Arria EDGARDO ARRIA / PRESIDENT 12.30.96
(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	D	1.1 TITLE	D/P ☒ Change ☐ Addition
NAME	ARRIA, EDGARDO	1.2 NAME	ARRIA, EDGARDO
STREET ADDRESS	17320 NW 67TH PL #P	1.3 STREET ADDRESS	134 SALAMANCA AVE. # 9B
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
		2.1 TITLE	D/V ☐ Change ☒ Addition
		2.2 NAME	VERA, GABRIELA
		2.3 STREET ADDRESS	134 SALAMANCA AVE. # 9B
		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
		3.1 TITLE	☐ Change ☐ Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	400002049114--4
		4.3 STREET ADDRESS	-01/07/97--01144--018
		4.4 CITY-ST-ZIP	****575.00 ****575.00
		5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: X Edgardo Arria EDGARDO ARRIA 12.30.96 (305) 569-3441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020875 CP